

Case Number:	CM15-0041813		
Date Assigned:	03/12/2015	Date of Injury:	11/06/2014
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male, who sustained an industrial injury on 10/24/2014, while employed as a maintenance worker. He reported moving/lifting items, with resulting in injury to the right shoulder and neck. The injured worker was diagnosed as having cervical strain, spondylosis, lumbar strain, and partial tear right rotator cuff tendon. Treatment to date has included conservative measures, including diagnostics, medications, and physical therapy. A urine drug screen, performed on 2/02/2015, noted inconsistent results with prescribed medications. The PR2, dated 3/04/2015, referenced magnetic resonance imaging of the cervical spine (11/24/2014) as showing spondylosis C4-C7, magnetic resonance imaging of the lumbar spine (5/14/2014) as showing mild bulge L4-5, and magnetic resonance imaging of the right shoulder (11/24/2014) as showing partial tear rotator cuff and tendinosis. X-rays of the cervical spine (2/02/2015) were noted as showing mild spondylosis, and x-rays of the right shoulder (2/02/2015) were noted as within normal limits. Currently, the injured worker complains of pain in his neck, right upper extremity, and low back. Physical exam noted tenderness of the right shoulder and cervical spine, with decreased range of motion and right shoulder impingement. The treatment plan included continued physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2014 and is being treated for a partial right rotator cuff tear. Treatments have included physical therapy. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Additional physical therapy is not medically necessary.