

Case Number:	CM15-0049008		
Date Assigned:	03/20/2015	Date of Injury:	04/13/2010
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

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

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 61 year old female, who sustained an industrial injury on 4/13/10. She reported pain in the right shoulder. The patient notes cervical pain as well. The injured worker was diagnosed as having right shoulder rotator cuff repair. Treatment to date has included cortisone injections, right shoulder x-rays, right shoulder arthroscopy (Nov.2013) and oral pain medications. As of the PR2 dated 2/20/15, the injured worker reports 9/10 pain in the anterior aspect of the right shoulder with numbness and tingling going down the right arm. The treating physician noted pain and decreased range of motion. The treating physician requested physical therapy x 8 sessions to 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 QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Chapter (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior shoulder therapy post operatively. The MTUS supports supervised therapy with a transition to an independent home exercise program. At this point, the patient should be versed in a home exercise program. The documentation is not clear that the patient's symptomatology is not referred pain to her shoulder from her neck. The patient has a history of cervical pain and the patient's symptoms of numbness/tingling down the right arm suggest a radicular cause of pain. The request for shoulder physical therapy is not medically necessary.