

Case Number:	CM15-0053035		
Date Assigned:	03/26/2015	Date of Injury:	12/04/2009
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 33 year old female who sustained an industrial injury on 12/04/2009. Current diagnosis includes right shoulder impingement syndrome. Previous treatments included medication management, right finger surgery, physical therapy for hand, home exercise program. Diagnostic studies included an x-ray and nerve study. Initial complaints included an injury to the right thumb after being zapped, but later developed pain involving the entire right arm from the thumb and hand to the shoulder. Report dated 02/17/2015 noted that the injured worker presented with complaints that included right shoulder pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included right shoulder steroid injection and referral to physical therapy, re-check in six weeks, and modified work. Disputed treatments include physical therapy, Right Shoulder, 2 times weekly for 6 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Shoulder, 2 times weekly for 6 weeks (12 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate previous PT for the shoulder with physical examination noting strength decrease and reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy. The medical records support the presence of strength deficits for which PT may benefit the insured. The request is medically necessary.