

Case Number:	CM15-0086124		
Date Assigned:	05/08/2015	Date of Injury:	02/08/2013
Decision Date:	06/09/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 59 year old male, who sustained an industrial injury on 2/08/2013. Diagnoses include status post right carpal tunnel release and DeQuervain's release, improved, right shoulder AC arthritis and moderate cuff tendinopathy with fraying and splitting of the rotator cuff status post one injection and right neck pain with magnetic resonance imaging (MRI) scan findings of foraminal narrowing. Treatment to date has included diagnostics, medications, work conditioning/hardening program and injection. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported right shoulder pain. The pain radiated from his neck down his scapula and into the arm but not distal to the elbow. He reported volar forearm pain, which was described as a constant ache. Symptoms have worsened and were more noticeable since his right carpal tunnel and DeQuervain's release. Physical examination revealed normal shoulder range of motion. A drop arm test was completely negative. Rotator cuff strength was normal with the elbow at the side at 5/5 in internal rotation and external rotation. Speed test was negative. An O'Brien's test produced his typical pain and there was associated weakness. The plan of care included therapy for the shoulder and authorization was requested for physical therapy (2x4) 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 2 x 4 week, 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 (ODG) Rotator Cuff Syndrome/Impingement syndrome.

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

Decision rationale: The patient is a 59 year old male with an injury on 02/08/2013. He had right carpal tunnel release and DeQuervain's release surgery. On 02/27/2015, the right rotator cuff strength was 5/5. Speed test was negative. He had already completed physical therapy and an additional conditioning/work hardening program. The requested additional physical therapy is not consistent with MTUS, Chronic Pain, physical medicine guidelines, and is therefore not medically necessary. Also, by this point in time he should have been transitioned to a home exercise program as there is no documented superiority of continued formal physical therapy over a home exercise program.