

Case Number:	CM14-0129945		
Date Assigned:	08/20/2014	Date of Injury:	02/11/2008
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old male with date of injury 2/11/08. The treating physician report dated 7/21/14 indicates that the patient presents with chronic pain affecting the neck and right shoulder. The physical examination findings reveal cervical tenderness, right shoulder impingement, weakness with external rotation and abduction and pain over the biceps tendon. The current diagnoses are cervical DDD, neck pain, bilateral carpal tunnel syndrome, right middle finger trigger finger, right shoulder impingement, rotator cuff tear and tendonitis bilaterally. The utilization review report dated 8/6/14 denied the request for physical therapy 3x4 right shoulder based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week x 4 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical therapy

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

Decision rationale: The patient presents with chronic right shoulder and cervical pain with difficulty reaching overhead, reaching to the side and reaching behind his back. The current request is for physical therapy 3x4 of the right shoulder. Review of the records provided reveals that the patient received PT on 2/21/14, 4/28/14, 5/1/14, 5/6/14, 5/13/14, 5/15/14 and 5/19/14. The physical therapy re-evaluation stated that the patient showed minimal improvement with the previous 6 sessions and request was made for additional 12 sessions. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The treating physician in this case has not provided any compelling reason to perform additional physical therapy for a patient that failed to improve with the recent therapy that was provided. There is no new injury reported and no new diagnosis is documented to explain the need for additional physical therapy. Therefore the request is not medically necessary.