

Case Number:	CM14-0162041		
Date Assigned:	10/07/2014	Date of Injury:	03/16/2013
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male who reported an injury on 03/16/2013. The injured worker reportedly sustained a right shoulder and low back injury while pushing heavy pieces of metal. The current diagnosis is disorder of bursae and tendons in the shoulder region. The injured worker was evaluated on 10/02/2014 with complaints of persistent right shoulder pain. Previous conservative treatment was noted to include physical therapy, acupuncture, and medications. Physical examination revealed full range of motion of the cervical spine, negative Spurling's maneuver, limited right shoulder range of motion, tenderness to palpation over the posterior aspect of the shoulder, positive Hawkins test, and normal motor strength with the exception of right shoulder abduction. Treatment recommendations included physical therapy twice per week for 5 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has previously participated in physical therapy. However, there is no evidence of objective functional improvement. There is also no specific body part listed in the request. As such, the request is not medically appropriate.