

Case Number:	CM14-0165528		
Date Assigned:	10/10/2014	Date of Injury:	11/15/2013
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 injured worker is a 71-year-old female who sustained cumulative trauma from November 15, 2012 to November 15, 2013. She is diagnosed with (a) right shoulder impingement syndrome, rotator cuff syndrome, unstable shoulder suspecting right shoulder rotator cuff tear; and (b) left arm numbness and tingling sensations, rule out cervical radiculopathy. She was seen for an evaluation on September 9, 2014. She reported that she noticed a lot of help from physical therapy, learned a lot about her pain and how to do different exercises that help with strengthening and pain. She recently had pain in the left shoulder with continuing numbness and tingling sensations in the left upper extremity. She also complained that her left shoulder continued to be bothersome due to increasing pain. An examination of the cervical spine revealed no tenderness over the paracervical musculature. No trigger points or guarding were noted. There was decreased sensation at the C5, C6, and C7 dermatomes. An examination of the right shoulder revealed mild tenderness and mild spasms over the deltoid and trapezius muscles. There was restricted range of motion, being not able to move more than 20 degrees with complaints of pain. Impingement sign was positive. Shoulder was less stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy (PT)

Decision rationale: The request for eight sessions of physical therapy is not medically necessary at this time. There was no indication in the reviewed medical records of any significant objective and functional improvement derived from physical therapy. Examination findings were practically the same pre and post two sessions of physical therapy, as per reviewed medical records.