

Case Number:	CM14-0091099		
Date Assigned:	07/25/2014	Date of Injury:	03/10/2003
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 50-year-old whose date of injury is March 10, 2003. The mechanism of injury is described as repetitive motion. Progress note dated April 8, 2014 indicates that the injured worker has completed twelve physical therapy visits. Diagnosis is pain in joint shoulder region. Follow up note dated June 24, 2014 indicates that on physical examination, he has full range of motion and still complains of some tenderness on the posterior aspect of his arm. Neurovascular exam is within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to right shoulder, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The most recent physical examination submitted for review indicates that the injured worker has full range of motion of the shoulder. The injured worker has completed at least twelve physical therapy visits this year. The Chronic Pain Medical Treatment Guidelines would support one to two visits every four to six months for recurrence/flare-up and note that

elective/maintenance care is not medically necessary. Therefore, the request for additional physical therapy to right shoulder, twice weekly for four weeks, is not medically necessary or appropriate.