

Case Number:	CM14-0097313		
Date Assigned:	07/28/2014	Date of Injury:	05/30/2011
Decision Date:	10/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Practice 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 49 year old female whose date of injury is 05/30/2011. On this date she was standing on a stool, reaching overhead when a shelf collapsed on her and knocked her off the stool. The injured worker reported injuries to her head, neck and right shoulder. Treatment to date includes right shoulder injection, chiropractic, right shoulder surgery on 04/10/13 and 14 postoperative physical therapy sessions. Diagnoses are status post right shoulder arthroscopy, exact procedure unknown; cervical/trapezial sprain/strain; complaints of stress, anxiety and depression; and sleep difficulty secondary to chronic pain. Orthopedic QME dated 02/19/14 indicates that future treatment for the right shoulder should include orthopedic follow up, prescribed medications and physical therapy for flare-ups. Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated 03/10/14 revealed nerve conduction studies were within normal limits. Evaluation dated 04/23/14 indicates that she has completed approximately 20 sessions of physical therapy. Right shoulder range of motion is flexion 160, abduction 155, external rotation 75 and internal rotation 70 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy eighteen units, two to three times a week for six weeks, to the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: Based on the clinical information provided, the request for physical therapy eighteen units, two to three times a week for six weeks to the right shoulder is not medically necessary. There is no current, detailed physical examination submitted for review as the most recent assessment provided is from April. There are no specific time-limited treatment goals provided in accordance with the Official Disability Guidelines. The Official Disability Guidelines would support a trial of 6 visits of physical therapy with interim evaluation to assess the injured worker's response to treatment, and the current request is excessive. Given the injured worker's treatment completed to date, she should be well-versed in an independent, self-directed home exercise program at this time. The request is not medically necessary and appropriate.