

Case Number:	CM15-0066970		
Date Assigned:	04/14/2015	Date of Injury:	05/11/2014
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69-year-old male who sustained an industrial injury on 5/11/14. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having impingement syndrome of the right shoulder. Treatments to date have included status post-bilateral carpal tunnel release surgeries, therapy, nonsteroidal anti-inflammatory drugs, activity modification, wrist splints. Currently, the injured worker complains of right shoulder discomfort. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant is nearly one-year status post work-related injury. Treatments have included bilateral carpal release surgery followed by hand therapy. He is now also being treated for right shoulder pain. When seen by the requesting provider, he had not had primary for his shoulder. Physical examination findings included decreased range of motion and strength with positive impingement testing. The claimant is being treated for right shoulder pain with a diagnosis of rotator cuff impingement. Guidelines recommend up to 10 treatment sessions over eight weeks for this condition. In this case, the number of requested treatment sessions is within the guideline recommendation and therefore medically necessary.