

Case Number:	CM15-0073825		
Date Assigned:	04/23/2015	Date of Injury:	08/01/2013
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 08/01/2013. On provider visit dated 02/20/2015 the injured worker has reported right shoulder pain. On examination of the right shoulder revealed diffuse tenderness over the right scapular spine, levator scapulae and trapezius as well as the subacromial bursa and anterior glenohumeral joint, range of motion was decreased and associated with pain. Positive impingement was noted. The diagnoses have included cervical spondylosis with neuritic right upper extremity symptoms, right scapula winging and right shoulder pain/subacromial bursitis with low to moderate grade rotator cuff partial tear. Treatment to date has included MRI, medication, nerve conduction study and electromyogram and injections. The provider requested Physical Therapy 2x6 for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and shoulder - pg 27.

Decision rationale: According to the guidelines, therapy for shoulder impingement and rotator cuff syndrome is recommended for up to 10 visits over 8 weeks. In this case, the request was for 12 sessions over 6 weeks. The claimant had undergone injections and medications. The request exceeds the guideline recommendations and is not medically necessary.