

Case Number:	CM14-0143578		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2004
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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, has a subspecialty in Pain Management and is licensed to practice in New York and 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 66-year-old female whose date of injury is 05/19/2004. The injured worker was moving a heavy block of ice and felt a pop in the right shoulder. Treatment to date includes approximately 6 weeks of physical therapy and cortisone injection. Follow up note dated 08/08/14 indicates that right shoulder exam reveals 2+ tenderness in the AC joint and impingement area. Range of motion is flexion 140, abduction 140, external rotation 30, and internal rotation to the lateral hip. Muscle strength is 4-/five in abduction and rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 (Right Shoulder): Upheld

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

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 (3 x 6) Right Shoulder is not recommended as medically necessary. The injured worker has

completed 6 weeks of physical therapy to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.