

Case Number:	CM13-0040003		
Date Assigned:	12/20/2013	Date of Injury:	04/08/2012
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 67 year old female presenting with right shoulder pain following a work related injury on 04/08/2012. The claimant complained of pain exacerbated by weather changes and activities. The pain is associated with numbness especially with overhead lifting. The claimant's physical exam is significant for restricted range of motion of the right shoulder in forward flexion and abduction as well as internal and external rotation, positive impingement sign, positive ac joint tenderness, painful arc, tender proximal bicep, and tender subacromial bursa. The claimant had 25 sessions of physical therapy postoperatively but reported pain, right shoulder arthroscopy on 11/29/2012. The claimant's medications included Tylenol over the counter, and Iodine 400mg. The claimant was diagnosed with right shoulder sprain with possible internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 6wks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009; 9792.24.2 Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines for physical medicine, Physical Medicine Guidelines Pa.

Decision rationale: Physical Therapy 3xWk x 6wks Right Shoulder is not medically necessary. Page 99 of CA MTUS states: Physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records notes that 25 sessions of physical therapy was completed without sustained benefit. Additional physical therapy sessions are not medically necessary as the claimant exceeded the limit without prior benefit.