

Case Number:	CM14-0103957		
Date Assigned:	07/30/2014	Date of Injury:	03/02/2010
Decision Date:	09/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation and is licensed to practice in 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:

Medical Records reflect the claimant is a 62 year old female who sustained a work injury on 3-2-10. The claimant is status post right shoulder arthroscopy on 12-6-10 and right wrist arthroscopy on 12-10-12. On 6-2-14, the claimant complained of right upper arm and right shoulder pain and weakness. Pain was rated as 7/10. The claimant had 4 physical therapy sessions by 8-20-14. The claimant is improving a bit with less cramping. Her medications include Tramadol and Flexeril

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 4xwk X 3wks, Right Arm And Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy, Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) pain chapter - physical medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as the ODG notes that one 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. The claimant had been provided 4 physical

therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. She reports a bit improvement. There is no quantification of improvement. Additionally, there are no extenuating circumstances to support physical therapy at this juncture, so far removed post-op. Therefore, physical therapy for the right arm and right shoulder is not medically necessary.