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| Case Number: | CM14-0153906 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 12/20/2013 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Pain Medicine, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 37-year-old female with date of injury of 12/20/2013. The listed diagnosis per [REDACTED] is right shoulder pain and tendinosis of the rotator cuff and impingement. According to progress report 09/02/2014, the patient presents with right shoulder pain with exasperations mainly at night. She has completed her physical therapy and reports "some improvement overall with the PT." The physical therapist has told her that she would benefit from more therapy. Examination revealed tenderness in the right shoulder laterally (deltoid) and tip over right trapezius. The patient can complete flexion, but painful beyond 120 degrees. Abduction is 135 degrees and extension is very limited. Treating physician is requesting continuation of physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times per Week times 6 Weeks (12) Total for the Right Shoulder:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with continued right shoulder pain. The treating physician is requesting additional physical therapy as prior sessions provided "some improvement overall." For Physical Medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia-, myositis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient completed 12 sessions between 05/05/2014 and 07/30/2014. According to the most recent physical therapy progress report from 07/30/2014, the patient continues with a TENS unit, hot moist pack, and manual therapy along with therapeutic exercises. Continuation of treatment was recommended to improve function and reduce pain. In this case, the patient has received a course of 12 sessions with some improvement. The treating physician does not discuss why the patient would not be able to now transition into a self-directed home regimen. Furthermore, the treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Recommendation is that the request is not medically necessary.