

Case Number:	CM14-0165194		
Date Assigned:	10/10/2014	Date of Injury:	11/10/2013
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 27 year old female who sustained a work injury on 11-10-13. On 4-14-14, the claimant was provided a steroid injection. Report 7-11-14 notes the claimant has right shoulder pain. On exam, she had painful arc, positive impingement and external rotation at 40 degrees. Office visit on 8-8-14 notes that arthroscopic right shoulder surgery is authorized, but the claimant declined. An injection was offered and she also declined. Office visit on 8-25-14 notes the claimant has right shoulder pain radiating to the hand. On exam, she had had painful arc, positive impingement and external rotation at 40 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy or DC 3 times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG note 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. It is not clear how many past physical therapy sessions

she has had. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, or nonspecific request for physical therapy or chiropractic therapy. Therefore, the medical necessity of this request is not established.