

Case Number:	CM14-0175512		
Date Assigned:	10/28/2014	Date of Injury:	06/12/2004
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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, 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 43-year-old male with a date of injury of 06/12/2004. The listed diagnoses per [REDACTED] are: 1. Right shoulder pain. 2. Left shoulder pain. According to progress report 07/18/2014, the patient presents with bilateral shoulder complaints. Examination of the right shoulder revealed "tender AC (acromioclavicular) joint, anteriorly, A-L acromion, posteriorly." There is positive impingement sign. Examination of the left shoulder revealed "tender spine of scapula, scapula - especially medial border." There is decreased range of motion in both shoulders and ROM (range of motion) elicits discomfort. This is a request for additional physical therapy, 5 sessions. Utilization Review denied the request on 10/09/2014. Treatment reports from 01/06/2014 through 07/18/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the shoulder (5) five sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th edition (web), Physical Therapy Guidelines.

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

Decision rationale: This patient presents with bilateral shoulder impingement. The treater is requesting continuation of continued physical therapy for the shoulders, 5 additional sessions. For physical medicine, the MTUS Guidelines page 98/99 recommends for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. Progress report 07/18/2014 is the earliest progress report provided for review. Review of the medical file indicates the patient received 8 physical therapy sessions between 07/28/2014 and 08/26/2014. On 09/22/2014, [REDACTED] submitted a request for authorization for 5 physical therapy sessions. Physical therapy treatment reports continually note that patient is progressing with ROM program and strengthening for the thoracic spine and shoulder. There is no rationale provided as to why the treater is requesting an extension of physical therapy. The treater's request for additional 5 sessions with the 8 already received exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient is unable to transition into a self-directed home exercise program. The request is not medically necessary.