

Case Number:	CM14-0182818		
Date Assigned:	11/07/2014	Date of Injury:	04/11/2014
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice 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:

This is a 52-year-old female claimant sustained a work injury on April 11, 2014 involving the right shoulder. She was diagnosed with adhesive capsulitis of the right shoulder. She had undergone approximately 20 sessions of physical therapy between June and August 2014. A progress note on September 8, 2014 indicated the claimant had developed new symptoms with mid thoracic pain and forearm pain on the right side. The right shoulder had reduced range of motion and positive impingement findings. The treating physician requested an additional eight sessions of physical therapy. The claimant also received a right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 PT Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 201, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis- unspecified 8-10 visits over 4 weeks. According to the O DG guidelines 10 visits over eight weeks are recommended for impingement syndrome. In this case the claimant had undergone over 20 sessions of therapy. There is no indication that the claimant cannot perform home exercises. The additional six visits of therapy is excessive and is not medically necessary.