

Case Number:	CM14-0054319		
Date Assigned:	07/07/2014	Date of Injury:	06/01/2010
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 64-year-old female patient with a 6/1/10 date of injury. The exact mechanism of injury has not been described. A progress report dated on 2/3/14 indicated that the patient continued to have pain in the right shoulder. In her last orthopedic follow up, it was recommended that she have a steroid injection. Objective findings revealed tenderness in the right shoulder bicipital groove. Flexion increased from 130 degrees to 170 degrees, extension was limited at 30/50, and abduction increased from 90 degrees to 170 degrees. Cervical spine still showed discomfort over the right trapezius muscle. Diagnostic Impression: Cervical sprain, Lumbosacral sprain and Right shoulder partial tightness, rotator cuff tear with AC arthrosis, and impingement syndrome. Treatment to date: medication management and physical therapy. There is documentation of a previous 4/16/14 adverse determination, based on the fact that there was no documentation supporting outcome of previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 3 times weekly for 4 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, there was no documentation of functional improvement from prior physical therapy, or the number of sessions previously attended. This patient has a 2010 date of injury, and likely has had physical therapy previously. The guidelines require specific documentation of functional improvement gained from physical therapy to establish medical necessity for more physical therapy. Therefore, the request for additional physical therapy, 3 times weekly for 4 weeks on the right shoulder was not medically necessary.