

Case Number:	CM14-0061851		
Date Assigned:	07/11/2014	Date of Injury:	11/10/2009
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Arizona. 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 with a date of injury on 11/10/2009. She has right shoulder pain and diagnosis of shoulder impingement. The original injury was sustained lifting dough onto a machine. Request is for 12 physical therapy visits. Conservative medical treatment is described including some prior physical therapy and medications. MRI of the shoulder in 2011 is reported showing bursitis. Electromyography (EMG) study in 2012 documented as normal. An exacerbation of right shoulder symptoms on 4/02/2014 is noted. Loss of motion and strength is described with tenderness to the right shoulder and decreased range of motion with exacerbation with all activity and worse at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits For The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment In Workers' Compensation, Online Edition, Chapter: Shoulder, Physical Therapy Guidelines.

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

Decision rationale: The date of injury is 11/10/2009 so the patient has chronic pain by MTUS definition - 'pain persisting beyond the usual time for healing'. The patient has received conservative therapy with prior physical therapy and medication though it is unclear from the record how much therapy or which medications were used. The MTUS recommends 8-10 physical therapy visits in the initial stage of treatment. The patient should then be assessed for improvement in function. In this instance the patient is not in the early phase of treatment and the requested number of physical therapy visits exceeds the recommended number of visits recommended. Medical necessity is therefore not met. The request is not medically necessary.