

Case Number:	CM14-0065231		
Date Assigned:	07/11/2014	Date of Injury:	11/06/2006
Decision Date:	09/24/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 63 year-old with a date of injury of 10/26/01. A progress report associated with the request for services, dated 04/01/14, identified subjective complaints of right shoulder pain into the arm. Objective findings included decreased range of motion of the right shoulder on internal rotation. Diagnoses included (paraphrased) adhesive capsulitis of the shoulder. Treatment had included 45 physical therapy sessions in 2011. She is on oral and topical NSAIDs. A Utilization Review determination was rendered on 04/14/14 recommending non-certification of "Physical Therapy 2 x 6 visits".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 visits.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Web Edition.

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, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. Twelve sessions of physical therapy are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. The non-certification modified the number of sessions. In this case, the record does not document the medical necessity for 12 physical therapy sessions.