

Case Number:	CM14-0079033		
Date Assigned:	07/18/2014	Date of Injury:	09/05/2013
Decision Date:	09/23/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 25 year old female who was injured on 09/05/13 when a child ran into her outstretched right arm and bent it backward. The injured worker complains of right shoulder pain. An MRI of the right shoulder dated 03/18/14 reveals mild supraspinatus, infraspinatus and subscapularis tendinosis. A 2mm area of low grade intrasubstance tearing of the supraspinatus tendon near its myotendinous junction is seen. A small amount of edema is noted about the acromioclavicular joint with no significant separation seen. The injured worker is diagnosed with right shoulder strain. Treatment has included approximately 12 sessions of physical therapy. Clinical note dated 03/17/14 states the injured worker has completed four of six physical therapy sessions and has improved. It is noted the injured worker now has intermittent pain rated at a 2/10 and is only taking Tylenol on an as-needed basis. Most recent clinical note dated 04/23/14 indicates the treating physician would not recommend surgical intervention for this injured worker due to her young age. Additional physical therapy is suggested. This is a request for 8 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two (2) times four (4) QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Physical Therapy section.

Decision rationale: The request for additional physical therapy twice per week for four weeks (8 sessions) is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support up to 9-10 visits of physical therapy over 8 weeks for myalgia and myositis. This guideline also states, "[Injured workers] are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG addresses sprains/strains of the shoulder specifically and supports up to 10 visits of physical therapy over 8 weeks. Records indicate the injured worker has participated in approximately 12 sessions of physical therapy to date. There are no records submitted for review which reveal exceptional factors warranting treatment in excess of guideline recommendations. There are no barriers indicated which would prevent the injured worker from participating in a home exercise program. Based on the clinical information provided, medical necessity of an additional 8 sessions of physical therapy at twice per week for four weeks is not established.