

Case Number:	CM14-0085065		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2007
Decision Date:	09/30/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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:

There were 65 pages provided for review. The application for independent medical review was signed on June 6, 2014. It was for additional therapy three times a week for six weeks for the right shoulder. Per the records provided, the claimant is a 60-year-old man who was seen on April 4, 2014. He had persistent and recurrent right shoulder pain unresponsive to conservative care. He had surgery in the past for the right shoulder, but the pain persists. The surgery was on October 30, 2013. There was a right biceps tenosynovitis, rotator cuff syndrome and rotator cuff sprain of the right shoulder. The MRI from May 1, 2014 showed mild tendinopathy of the biceps tendon, marginal signal alteration of the rotator cuff near the greater tubercle, but no retraction or full thickness tear. Physical therapy was recommended on May 16, 2014 to improve range of motion, strength, function and other factors. The request for therapy three times a week for six weeks was not certified but there was a modification do a trial of six sessions that was approved. The claimant has not had any therapy since February 2014. It was felt that subsequent treatment should be based on objective evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 3 x 6 for right shoulder: 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-Physical Therapy.

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The 18 sessions requested is excessive under the guides. The full request as submitted was appropriately non-certified.