

Case Number:	CM14-0099218		
Date Assigned:	07/28/2014	Date of Injury:	10/11/2010
Decision Date:	09/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with chronic pain following a work related injury on 05/05/2011. The claimant complains of right shoulder and neck pain and is status post partial resection of the distal clavicle. MRI of the right shoulder showed remnant edema within the distal clavicle, moderate effusion within the remnant acromial acromioclavicular (AC) space, remnant superior and inferior AC ligaments are extensively thickened and there is some edema associated with the ligaments, diffuse superior labral tear from anterior to posterior (SLAP) tear, moderate Tenosynovitis. On 08/09/2013, showed glenohumeral arthritis. The claimant was diagnosed with right shoulder impingement and right shoulder rotator cuff tear. The claimant had physical therapy in 2013. A claim was made for 8 session of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

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

Decision rationale: 99 of CA MTUS states " physical therapy 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. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records documents previous physical therapy visits without long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.