

Case Number:	CM13-0006861		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2011
Decision Date:	04/03/2015	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained a work related injury on 12/22/12. The diagnoses have included right shoulder sprain/strain and right shoulder rotator cuff syndrome. Treatments to date have included right shoulder surgery, 50 sessions of physical therapy including hot packs, ultrasound, therapeutic massage, TENS unit therapy and passive and assisted active range of motion and home exercises. In the PR-2 dated, the injured worker complains of constant, dull and aching right shoulder pain. He has pain with range of motion in right shoulder. He rates the pain a 5-7/10. He has spasm with palpation of right shoulder. On 10/14/13, Utilization Review non-certified a request for 8 physical therapy visits (2x/week x 4 weeks) to right shoulder. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case there is no documentation of benefit with prior physical therapy. In addition the requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.