

Case Number:	CM13-0014664		
Date Assigned:	03/10/2014	Date of Injury:	01/31/2011
Decision Date:	03/27/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

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 Jersey
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 1/31/11. On 11/21/13, the injured worker submitted an application for IMR for review of Physical Therapy, Right Shoulder; 2 Times A Week For 4 Weeks. The treating provider has reported the injured worker complained of right shoulder pain. The diagnoses have included bursitis shoulder, impingement syndrome, and rotator cuff syndrome. Treatment to date has included physical therapy (6). On 8/22/13 Utilization Review non-certified Physical Therapy, Right Shoulder; 2 Times A Week For 4 Weeks. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, RIGHT SHOULDER; 2 TIMES A WEEK FOR 4 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,201.

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had been treated with physical therapy of the right shoulder, ending 8 completed sessions on 5/28/2013 with a report stating "minimal progress" and persistent symptoms, but showed compliance with the home exercises prescribed. Months later, the worker continues to have symptoms and was recommended an additional 8 sessions of physical therapy. However, there was insufficient evidence to support repeating supervised physical therapy. There was no documentation suggesting the worker was unable to perform the home exercises anymore, and since the prior therapy failed to significantly improve the worker's overall symptoms and function, the 8 additional physical therapy sessions will be considered medically unnecessary.