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| Case Number: | CM14-0011152 | | |
| Date Assigned: | 05/19/2014 | Date of Injury: | 01/01/2001 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/28/2014 |

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. 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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 1/01/2001. He was diagnosed as having sprain/strain shoulder/arm unspecified, shoulder impingement syndrome, and sprain/strain rotator cuff (capsule). Treatment to date has included physical therapy, medications and activity restriction. Per the Primary Treating Physician's Progress Report dated 12/16/2013, the injured worker reported worse right shoulder pain. Physical examination revealed right shoulder tenderness to palpation. The plan of care included physical therapy, medications, follow-up care and diagnostic imaging. On 12/17/2013, authorization was requested for physical therapy right shoulder, magnetic resonance imaging (MRI) right shoulder, follow-up visit with [REDACTED] and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Shoulder x 10: 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 9792.20-.26 Page(s): 98-99.

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has a chronic injury resulting in pain. He has had physical therapy previously that would be sufficient to set up a home exercise program. The documentation doesn't support new injury, thus, the request is not medically necessary.