

Case Number:	CM14-0175812		
Date Assigned:	12/12/2014	Date of Injury:	06/13/2014
Decision Date:	01/15/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 40 year old patient with date of injury of 06/13/2014. The medical records indicate the patient is undergoing treatment for rotator cuff strain and cervical radiculitis. Subjective complaints include increased right shoulder and arm pain. Objective findings include tenderness to lateral shoulder and positive impingement sign. An MRI of the right shoulder dated 09/02/2014 showed mild tendinosis of the superior fibers of the subscapularis, low-grade intra substance partial tear cannot be excluded. Treatment has consisted of steroid injection, MRI, restricted work duties, physical therapy and Ibuprofen. The utilization review determination was rendered on 09/23/2014 recommending non-certification of 8 Sessions physical therapy (right shoulder) 2 x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions physical therapy (right shoulder) 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Shoulder Procedure Summary, Updated 8/27/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical Therapy

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 6 physical therapy sessions which is consistent with the MTUS and the ODG guidelines for initial 'trial' of treatment. Additional sessions may be warranted based on the progress during the initial treatment sessions. The number of sessions requested is in excess of the guideline recommendations. As such, the request for 8 Sessions physical therapy (right shoulder) 2 x 4 weeks is not medically necessary.