

Case Number:	CM14-0199526		
Date Assigned:	12/09/2014	Date of Injury:	07/10/2013
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 64 year old man who sustained a work-related injury on July 7, 2013. Subsequently, the patient developed a chronic right shoulder pain and damage for which the patient underwent right shoulder surgery and physical therapy. As the October 27, 2014, the patient underwent sessions of physical therapy only 4 sessions left with some improvement. The patient physical examination demonstrated shoulder tenderness with preservation of range of motion, and cervical tenderness as well as lumbar tenderness with reduced range of motion. The patient was diagnosed with the cervical spine strain, right shoulder internal derangement, lumbar spine strain and sleep disorder. The provider requested authorization for additional physical therapy for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X4 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58, 98.

Decision rationale: According to MTUS guidelines, Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. According to MTUS guidelines, physical medicine. Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 patient underwent an undetermined number of physical therapy for his shoulder without clear and objective documentation of pain and functional improvement. MTUS guidelines recommended up to 6 months post surgical physical therapy treatment period. The patient underwent right shoulder surgery on May 16 2014 and as per October 27 2014; there is no documentation of objective improvement. Therefore, the request is not medically necessary.