

Case Number:	CM14-0201611		
Date Assigned:	12/12/2014	Date of Injury:	05/19/2014
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency Medicine and is licensed to practice in California. 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:

Patient with reported date of injury on 5/19/2014. Mechanism of injury is described as opening heavy door multiple times a day. Patient has a diagnosis of adhesive capsulitis. Medical reports reviewed. Last report available until 10/23/14. Patient reportedly doing well with physical therapy with 80% improvement in pain. Objective exam, no distress. Full range of motion of cervical spine. R shoulder shows moderately decreased range of motion of L shoulder. Patient is reportedly returning to work. Additional PT sessions requested because "he is still not 100% yet". Medications include Azor and Hydrocodone. Independent Medical Review is for Physical therapy-2 per week for 6 weeks (12 total) additional sessions. Prior UR on 11/6/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. The patient has documented completion of physical therapy (PT) session and had reported improvement. However, there is no documentation as to why home directed therapy and exercise is not sufficient. For the patient's diagnosis, MTUS does not recommend more than 10 physical therapy sessions, therefore, the additional request exceeded the guidelines recommendation. As such, this request is not medically necessary.