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| Case Number: | CM14-0202819 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 10/22/2011 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old male with the injury date of 10/22/11. The treater provided one simple report which contains very little information regarding the patient's condition, treatment's history, medications, etc. Per physician's report 10/07/14, the patient has right shoulder pain at 8/10. His pain is aggravated by overhead reaching and relieved by rest. The patient didn't have relief from physical therapy. Per the utilization review letter 11/10/14, empty can test and cross-arm test are positive. Motor strength is 5/5 in the right shoulder. The patient has had physical therapy with no relief. The utilization review determination being challenged is dated on 11/10/14. One treatment report was provided on 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks: Upheld

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

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

Decision rationale: The patient presents with pain in his right shoulder. The request is for 12 sessions of physical therapy. For non-post-operative therapy treatments, MTUS guidelines pages 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter 11/10/14 indicates that the patient has had physical therapy in the past with no relief. None of the reports discuss how many sessions of therapy the patient has had and what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the current request for 12 by itself exceed what is recommended per MTUS guidelines. The request for Physical Therapy is not medically necessary.