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| Case Number: | CM14-0203847 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 11/15/2011 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 year old female claimant with an industrial injury dated 11/15/11. Current medications include Ritalin. The patient is status post a right shoulder surgery in 2003, 2005, and 2013. X-ray reveals visible two suture anchors within the humeral head with one anchor slightly protruding through the bone and satisfactory subacromial decompression. The patient has completed 19/24 physical therapy sessions with functional improvement as of 10/15/14. Exam note 12/02/14 states the patient returns with right shoulder pain. The patient explains that the massage therapy has helped with pain relief and improved strength. Upon physical exam the patient completed a positive drop-arm test and O'Brien's test with weakness. Range of motion of the shoulder is noted to be near normal with improved rotator cuff strength. Treatment includes additional physical therapy sessions for the right shoulder. 24 completed visits of therapy is noted in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the shoulder #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks In this case the patient has completed 24 visits of physical therapy and there is no reason in the records from 12/2/14 why the patient cannot be transitioned to a home program. Therefore the determination is for not medically necessary.