

Case Number:	CM14-0215508		
Date Assigned:	01/05/2015	Date of Injury:	05/27/1997
Decision Date:	02/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 63 year old employee with date of injury of 5/27/97. Medical records indicate the patient is undergoing treatment for right shoulder strain with impingement; degenerative joint disease right AC joint. Subjective complaints include pain with activity, ranging from 4-8/10 on the pain scale. He believes that activity is the cause for the exacerbation of pain. Raising his right arm or lifting with his arm makes his symptoms worse. His sleep is interrupted due to pain. Objective findings include tenderness over the right AC joint along anterior lateral deltoids. His range of motion is pain free with forward flexion and abduction (80 degrees) and internal rotation to the L4 level and external rotation is 25 degrees. He has a positive impingement sign to the right shoulder. Treatment has consisted of TENS, home exercise and physical therapy. The utilization review determination was rendered on 12/27/14 recommending non-certification of physical therapy x 8 sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy

Decision rationale: 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. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has previous physical therapy visits but the treating physician did not detail the outcome of those visits. As such, the request for Physical therapy x 8 to the right shoulder is not medically necessary at this time.