

Case Number:	CM14-0093304		
Date Assigned:	07/25/2014	Date of Injury:	10/03/2013
Decision Date:	03/06/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53-year-old individual with an original date of injury of October 3, 2013. The injury was to the right shoulder while installing ventilation piping. The worker had pulled on accord and slipped causing the arm to be jerked. The patient has documentation of previous x-rays, MRI, physical therapy, acupuncture, and pain medication. This is according to a progress note on May 21, 2014 by a physical rehabilitation consultant. The MRI of the shoulder demonstrated rotator cuff tendinopathy, but no obvious tears were present. The disputed issue is a request for 12 visits of physical therapy for right shoulder scapulothoracic bursitis. This was requested on August 3, 2014. A utilization review determination had denied the additional physical therapy because the provider "did not provide any subjective/objective documentation of functional benefit from prior physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions- Right Shoulder: 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) Physical Therapy

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The patient has had prior physical therapy as documented from a progress note on May 21, 2014. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary.