

Case Number:	CM15-0002327		
Date Assigned:	01/13/2015	Date of Injury:	01/13/2005
Decision Date:	03/30/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 54 year old female, who sustained an industrial injury on 01/13/2006. She had reported bilateral shoulder injuries. The diagnoses have included chronic pain state. Treatments to date have included psychotherapy, physical therapy, and medications. Currently, the IW complains of constant pain in right shoulder rated 7/10 with increased pain with overhead movements. The physical therapist stated the injured worker demonstrated moderate progress with range of motion, however, continues to have pain and weakness of right shoulder and would benefit from continued physical therapy. On 12/03/2014, the injured worker submitted an application for IMR for review of Physical therapy (PT) Time 8 Visits Shoulders. On 12/10/2014, Utilization Review non-certified the above request noting the injured worker should complete all of the previously authorized physical therapy sessions prior to considering an extension of care. Furthermore, the medical records do not establish clear functional improvement as a result of the previously rendered treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT times 8 visits shoulders: Upheld

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

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

Decision rationale: The injured worker is being treated for bilateral chronic shoulder pain. In addition, he is being treated for depression with anxiety. 13 physical therapy visits are documented demonstrating functional shoulder range of motion without pain improvement. Continuation of current treatment plan is recommended by physical therapist on 8/26/14. 8 visits of physical therapy is being requested, totaling 21 visits for the diagnosis of right shoulder pain. For the diagnosis of myalgias, MTUS guidelines recommends 9-10 visits of physical therapy. 21 visits would exceed MTUS guidelines and is therefore not medically necessary.