

Case Number:	CM15-0003423		
Date Assigned:	01/14/2015	Date of Injury:	07/29/2014
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, New Hampshire, Washington
 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:

The injured worker is a 34 year old male, who sustained an industrial injury on July 29, 2014. He has reported injuring his right shoulder when a ladder slid sideways and he fell to the ground. The diagnoses have included cervical spine strain, thoracic spine strain and right shoulder strain. Treatment to date has included diagnostic studies, arm sling and medications. Currently, the injured worker complains of right shoulder pain that increases with movement. His pain is not improved. Movement of the right wrist makes the right shoulder pain worse. He has decreased strength in the right hand. The pain was rated as a 10 on a 1-10 pain scale despite the use of his Tramadol medication. On December 15, 2014, Utilization Review non-certified 12 physical therapy sessions 2x week for 6 weeks for the right shoulder, noting the Chronic Pain Medical Treatment Guidelines. On January 5, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 physical therapy sessions 2x week for 6 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 x 6 for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: The medical records indicate that this patient has multiple orthopaedic complaints to include shoulder pain. Imaging studies are not documented that show shoulder pathology. MTUS guidelines recommended a short course of shoulder PT with documented improvement prior to more PT. 12 sessions of PT are excessive and not supported by MTUS shoulder pain guidelines without documented improvement. Criteria for all 12 sessions not met.