

Case Number:	CM15-0006881		
Date Assigned:	01/26/2015	Date of Injury:	01/12/2011
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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 was a 52 year old male, who sustained an industrial injury, on January 12, 2011. The injured worker's chief complaint was right shoulder pain. The injured worker was diagnosed with right shoulder pain from bicipital tendinosis. The injured worker had supportive treatment of physical evaluation, right shoulder surgery December 3, 2011 and right subacromial steroid injection. According to the progress note of November 14, 2014, the injured worker had had 5 physical therapy visits for right bicipital tendinosis. According to the physical therapy progress note on November 18, 2014, the injured worker was discharged from physical therapy, for no pain after physical therapy with increased range of motion. On November 14, 2014, the treating physician requested physical therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute & Chronic), Physical Therapy

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

Decision rationale: The patient presents with her right shoulder pain. The patient is s/p right shoulder surgery on 12/03/11. The request is for 6 SESSIONS OF PHYSICAL THERAPY. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the utilization review letter on 12/18/14 states that the patient attended 6 recently authorized supervised PT sessions and another 4 of 6 scheduled but unauthorized PT sessions. Considering the request date was on 10/14/14, the 6 sessions of physical therapy between 11/03/14 and 11/18/14 appears to have been performed without authorization. This request appears to be retro physical therapy performed in November. The 6 sessions in November 2014 combined with 6 already received would exceed what is recommended per MTUS guidelines for non-post-op PT. The physical therapy's reports do provide documentation of pain reduction and some functional improvement. But the patient continues to have right shoulder pain and flare up's. It would appear the patient has had adequate physical therapy with benefit. The treater does not explain why therapy needs to be continued and why the patient is unable to transition into a home program for continued improvement. The request IS NOT medically necessary.