

Case Number:	CM15-0009268		
Date Assigned:	01/27/2015	Date of Injury:	03/16/2004
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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 58 year old female, who sustained an industrial injury on March 16 2004. The most current note was dated March 4, 2014 there is a prescription dated December 17, 2014 for physical therapy with a diagnosis of status post revere shoulder arthroplasties, there are physical therapy notes and it appears the injured worker has had twelve sessions of physical therapy and the last note dated May 12, 2014. On January 12, 2015 Utilization Review non-certified a physical therapy times twelve sessions right shoulder, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 18,, 2014, the injured worker submitted an application for IMR for review of physical therapy times twelve sessions right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x 6, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7, 98-99.

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

Decision rationale: This patient presents with chronic right shoulder pain. The current request is for PHYSICAL THERAPY 2X6, FOR THE RIGHT SHOULDER. The patient is status post shoulder surgery in 2011; therefore, is outside of the post surgical time frame for physical therapy. For physical medicine the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. The Utilization review modified the certification from the requested 12 sessions to 6 sessions stating that "further PT can be considered based on the documented functional response to the completed 6 visits." The Utilization review further states that the patient was approved for "additional PT x 12" in February 2014. There are no physical therapy reports provided for review. The dates that prior PT was completed and the objective response to therapy were not documented in the medical reports. In this case, the treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request for additional therapy. The requested physical therapy IS NOT medically necessary.