

Case Number:	CM15-0009654		
Date Assigned:	01/27/2015	Date of Injury:	01/10/2013
Decision Date:	03/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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(n) 42 year old male, who sustained an industrial injury on 1/10/13. He has reported pain and numbness in the right shoulder. The diagnoses have included right shoulder osteoarthopathy and right shoulder partial tear. Treatment to date has included diagnostic studies, physical therapy and oral medications. As of the PR2 on 6/19/14, the injured worker reported 8/10 shoulder pain and failed subacromial space injection. The treating physician is requesting physical therapy 3x week for 4 weeks for the right shoulder. There are no notes from previous physical therapy sessions included in the case file. On 1/7/15 Utilization Review non-certified a request for physical therapy 3x week for 4 weeks for the right shoulder. The UR physician cited the MTUS guidelines for physical therapy. On 1/13/15, the injured worker submitted an application for IMR for review of physical therapy 3x week for 4 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:

Physical therapy 3 x 4 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The injured worker sustained a work related injury on 1/10/13. The medical records provided indicate the diagnosis of right shoulder osteoarthropathy and right shoulder partial tear. Treatment to date has included diagnostic studies, physical therapy and oral medications. The medical records provided for review do not indicate a medical necessity for Physical therapy 3 x 4 to the right shoulder . The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The requested treatment exceeds the recommended number for chronic pain. The request is not medically necessary and appropriate.