

Case Number:	CM15-0102858		
Date Assigned:	06/05/2015	Date of Injury:	10/03/2012
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, Pain Management

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 48-year-old male, who sustained an industrial injury on October 3, 2012 while working as a general laborer. The injured worker has been treated for right shoulder and low back complaints. The diagnoses have included rotator cuff sprain/strain, adhesive capsulitis of shoulder, right shoulder impingement, cervicgia with right radiculopathy, chronic right shoulder pain, chronic low back pain and cervical spondylosis without myelopathy. Treatment to date has included medications, radiological studies, MRI, electro diagnostic studies, heat/ice treatments, a home exercise program, physical therapy, a psychiatric evaluation and right shoulder surgery. Current documentation dated April 16, 2015 notes that the injured worker reported pain and a pulling of his clavicle and shoulder. The pain was noted to be in the neck and upper back with associated numbness down the arm. Examination of the right shoulder revealed a painful and decreased range of motion. Cervical spine examination revealed a normal range of motion and tenderness of the paraspinal muscles on the right side. A Spurling's test was mildly positive on the right side. The treating physician's plan of care included a request for additional physical therapy to the right shoulder # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that the patient has completed an extensive amount of PT sessions, but there is no documentation of specific objective functional improvement with the most recent sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request would exceed the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.