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| Case Number: | CM15-0102879 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 03/10/2010 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/30/2015 |
| 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male who sustained an industrial injury on March 10, 2010. He has reported injury to the shoulder and has been diagnosed with osteoarthritis, shoulder and shoulder tendonitis. Treatment has included physical therapy, injections, and medical imaging. Objective findings noted using sterile conditions in the office with the use of 1 cc. of Marcaine 0.25 % and 3 cc's of methylprednisolone acetate injected the right subacromial space. Expectations and risks and benefits were discussed with the injured worker. The treatment request included 6 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Physical Therapy Visits QTY: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior PT for the shoulder. There is no evidence of significant objective functional improvement from prior PT therefore additional PT is not medically necessary. Furthermore, the request does not specify a body part for this physical therapy. The request for physical therapy Visits QTY: 6 is not medically necessary.