MAXIMUS Federal Services

Case Number:	CM15-0105288		
Date Assigned:	06/09/2015	Date of Injury:	05/03/2013
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
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 45 year old male patient who sustained an industrial injury on 05/03/2013. The accident is described as being an accumulate trauma over time while working as a delivery person performing repetitive duties. A primary treating office visit dated 11/20/2014 reported chief complaint of low back, neck and right shoulder pains. The patient has been deemed permanent and stationary. Objective assessment showed the right shoulder with 160 degrees of abduction and a positive impingement sign. The patient is diagnosed with right labral tear; right shoulder arthroscopy; herniated disc C5-6 and C6-7; bulging disc L4-5 and L5-S1. The plan of care noted the patient with recommendation for pain management consultation; undergo a course of physical therapy, further surgical repair right shoulder. The patient reports taking Flexeril, Naprosyn and Soma. The patient did undergo right shoulder surgery on 11/16/2013. 11/18/2014 showed treating diagnoses of right shoulder type II SLAP tear, disc bulge C5-6, C6-7 and left shoulder impingement improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder, 18 sessions, active and passive modalities: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient has chronic right shoulder pain. The current request is for physical therapy right shoulder, 18 sessions, active and passive modalities. The attending physician report indicates the patient had surgery on the shoulder on November 16, 2013. The utilization review report indicates the patient has had at least 26 sessions, and it has now been more than 15 months post surgery. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended.Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 18 sessions exceed what is allowed by MTUS guidelines. As such, the current request is not medically necessary.