

Case Number:	CM15-0134070		
Date Assigned:	07/22/2015	Date of Injury:	07/18/2014
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 44-year-old female who sustained a work related injury July 18, 2014. An MRI Arthrogram of the left shoulder, dated May 20, 2015, (report present in the medical record) revealed mild right acromioclavicular joint arthritis; reactive osseous edema involving the lateral margin of the right clavicle; possible low-level peritendinitis. According to a physician's assistants office visit note, dated May 26, 2015, the injured worker presented with complaints of severe low back pain, right knee pain and an abrasion on her left palm. While working a week ago, she had a slip and fall, landing on her hands and knees, with a popping sensation to her back. She has persistent pain to the left side of her neck and shoulder, low back and right knee, rated 9 out of 10. She has completed 6 sessions of physical therapy for the left shoulder. Examination of the left shoulder revealed tenderness to palpation over the anterior aspect of the shoulder and AC joint, motion is painful to all motion with crepitus. Left shoulder range of motion; flexion 110 degrees, extension 40 degrees, internal rotation 70 degrees and external rotation 80 degrees. Assessment is documented as sprain neck; contusion left shoulder; sprain left shoulder, arm, right ankle; contusion right knee resolved; sprain lumbar region resolved. At issue, is the request for physical therapy 2 x 3 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 3 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for physical therapy for right shoulder 2x/week for 3 weeks is medically unnecessary. According to MTUS guidelines, 9-10 physical therapy sessions are recommended for myalgias, neuralgias. The patient has received six sessions and was documented not to have any improvement. There was no improvement in symptoms or functional capacity. An additional six sessions is likely to provide no benefit and would exceed the maximum number of sessions recommended. Therefore, the request is considered not medically necessary.