

Case Number:	CM15-0134936		
Date Assigned:	07/23/2015	Date of Injury:	11/07/2014
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

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 29-year-old male who sustained an industrial injury to his right shoulder and left lower extremity on 11/07/2014 when he was struck by a pallet. The injured worker was diagnosed with right shoulder sprain/strain with possible internal derangement, ankle sprain / strain and knee sprain/strain and left knee internal derangement. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, physical therapy (15 sessions completed), home exercise program, ankle brace, knee brace and medications. According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to experience right shoulder pain and stiffness radiating to the right side of the neck. Evaluation noted an erect stance with level shoulder girdle. Tenderness to palpation was demonstrated over the anterolateral and poster superior aspects of the right shoulder with range of motion documented at flexion 145 degrees, extension at 25 degrees, abduction at 125 degrees, and external rotation at 50 degrees and internal rotation at 65 degrees. Impingement sign was positive with drop arm test equivocal. Apprehension test was negative. Motor power of the right shoulder was documented as weak on flexion and abduction with sensation, deep tendon reflexes and vascular status intact. Current medication is listed as Tramadol. Treatment plan consists of medication renewal and the current request for physical therapy twice a week for 6 weeks to 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 2xWk x 6Wks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), physical therapy (2) Chronic pain, Physical medicine treatment.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for right shoulder and left knee and ankle pain. Treatments have included 15 physical therapy sessions for the left lower extremity. When seen, there was decreased shoulder range of motion with positive impingement testing and weakness. Authorization for 12 physical therapy sessions was requested. Guidelines recommend up to 10-therapy treatment sessions over 8 weeks for the treatment of the claimant's shoulder and a six visit clinical trial with a formal reassessment prior to continuing therapy when being treated for chronic pain. In this case, the requested number of visits is in excess of either of these recommendations and not medically necessary.