

Case Number:	CM15-0139871		
Date Assigned:	07/29/2015	Date of Injury:	09/21/2014
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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, North Carolina
 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:

This 22 year old female sustained an industrial injury to the back and right shoulder on 9-21-14. Previous treatment included physical therapy (8 sessions), chiropractic therapy, injections and medications. Magnetic resonance imaging right shoulder (2-3-15) showed supraspinatus tendinosis. Magnetic resonance imaging thoracic spine (2-3-15) showed disc bulge. Electromyography of bilateral upper extremities (3-23-15) was negative. In a follow-up evaluation dated 5-11-15, the injured worker continuing ongoing right periscapular pain with occasional numbness down the arm. The injured worker reported that she had completed six sessions of physical therapy targeting the shoulder. The injured worker stated that physical therapy was not helpful. Physical exam was remarkable for full range of motion to the shoulder with no pain. The physician stated that her shoulder seemed completely asymptomatic with full range of motion. Despite this, magnetic resonance imaging showed supraspinatus tendinitis. Current diagnoses included shoulder pain. The injured worker received a cortisone injection during the office visit. The physician recommended six additional sessions of physical therapy with attention to the periscapular area.

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: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommends up to 10 physical therapy (PT) visits over 8 weeks. The patient is instructed and expected to continue with a home exercise program following formal PT to maintain gains. In this case, the patient has completed 6 PT visits for supraspinatus tendinitis with no reported improvement. There is no documentation of objective therapeutic benefit with prior treatment. At a recent visit the patient was found to have full range of motion without pain. She exhibited no functional deficits that would benefit from further PT. There is no documented evidence that the patient has been compliant with a home exercise program. There is no rationale given for an additional 6 sessions of PT, therefore this request is not medically necessary or appropriate.