

Case Number:	CM15-0142978		
Date Assigned:	08/03/2015	Date of Injury:	01/08/2015
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 58 year-old male who sustained an industrial injury on 01-08-15. He reported right shoulder pain. His diagnoses include shoulder and-or upper arm strain, and tenosynovitis of the shoulder. Diagnostic testing and treatment to date has included x-rays, MRI, physical therapy, and pain medication management. Currently, the injured worker complains of right shoulder pain. In a most recent progress note available dated 04-21-15, examination of the right shoulder is remarkable for tenderness to palpation diffusely outside of the shoulder as well as over the scapular area; he has positive Neer and Hawkins impingement sign. Current plan of care is conservative treatment. Requested treatments include physical therapy 2x wk for 6wks for the right shoulder. The injured worker is under work restrictions. Date of Utilization Review: 06- 19-15.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Specifically for impingement and rotator cuff issues, 10 sessions of PT are recommended. Within the documentation available for review, there is documentation of shoulder strain and tenosynovitis. But the 12 visit request exceeds the amount of PT recommended by the CA MTUS and ODG. There is no provision for modification of the current request in the independent medical review process. Given this, the current request for physical therapy is not medically necessary.