

Case Number:	CM15-0145080		
Date Assigned:	08/06/2015	Date of Injury:	11/08/2009
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 50 year old female, who sustained an industrial injury on 11-8-2009. The mechanism of injury was a fall. The injured worker was diagnosed as having right shoulder adhesive capsulitis and right shoulder bursitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5-11-2015, the injured worker complains of right shoulder pain and weakness-rated 5-7 out of 10. Physical examination showed trapezial tenderness and decreased right shoulder range of motion. The treating physician is requesting 12 visits of physical therapy for 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 3 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, 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) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2009 when she fell, sustaining injuries to the right shoulder, foot, and ankle. Treatments have included physical therapy with minimal relief, with formal therapy last in 2012. Subsequent treatments have included shoulder injections with benefit. When seen, there was minimally decreased right shoulder and ankle range of motion. Diagnoses include right shoulder adhesive capsulitis and bursitis and a right ankle sprain/strain. The claimant is being treated for chronic pain with no new injury and has previously had physical therapy without benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether physical therapy was likely to be any more effective than in 2012. The request was not medically necessary.