

Case Number:	CM15-0145491		
Date Assigned:	08/06/2015	Date of Injury:	07/09/2011
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on July 9, 2011. She reported an injury to her right shoulder and right arm. Treatment to date has included diagnostic imaging, EMG-NCV, physical therapy, right shoulder arthroscopy with revision, and medications. Currently, the injured worker complains of continued pain in the right shoulder. On physical examination the injured worker healed arthroscopic surgery scars. She has negative impingement tests and restricted range of motion of the right upper extremity. She has a negative belly press test, negative Speed test and she exhibits tenderness to palpation over the glenohumeral joint. Her motor and sensory function is intact distally and she has negative tension signs. The diagnoses associated with the request include status post right shoulder arthroscopy, persistent pain and biceps inflammation of the right shoulder, and recurrent posterior-inferior humeral subluxation-instability. The treatment plan includes continued physical therapy to the right shoulder, Aligned S3 spinal Q brace and modified work duties. The evaluating physician notes that the injured worker has made gains in her motion, strength and pain involvement due to her physical therapy and requests continued physical therapy in order to achieve further gains and improve her ability to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O physical therapy to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with right shoulder pain and is status post right shoulder surgery on 12/31/14. The current request is for P/O physical therapy to the right shoulder. The treating physician on 7/2/15 requested 12 additional physical therapy sessions due to flaring of pain affecting the right shoulder. The patient has completed 24 post-surgical PT sessions and is currently outside of the post-surgical treatment timeframe. The MTUS guidelines allow 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, the treating physician requested 12 sessions and the current IMR does not specify the quantity of sessions required. There is no discussion as to why the patient is not able to participate in a home exercise program and there is no documentation of a new injury or new surgery. In addition, the IMR request does not specify the number of sessions which is not supported by IMR guidelines. The current request is not medically necessary.