Case Number:	CM15-0145993		
Date Assigned:	08/20/2015	Date of Injury:	06/24/2014
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
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
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 (IW) is a 44 year old female who sustained an industrial injury on 06-24-2014. She reported shoulder pain while lifting heavy shelves and fixtures. The injured worker was diagnosed as having: Shoulder impingement: Disorders of bursae and tendons in shoulder region. Treatment to date has included medications, diagnostic radiology, physical therapy, and work modifications. Currently, the injured worker complains of right shoulder pain that is increased. Physical therapy has given minimal benefit and she is restricted in her ability to lift her arm above chest level. Pain disturbs her sleep and she cannot sleep on her right side. On examination there is tenderness to palpation of the anterior and superior aspect of the right shoulder. The subacromial bursa and the posterior rotator cuff are tender to palpation. Range of motion is restricted in all planes except extension. The treatment plan includes continuation of physical therapy and medications. A request for authorization was submitted for: 1. Physical therapy 3 times a week for 4 weeks for cervical spine, 2. Chiropractic care 3 times a week for 4 weeks for cervical spine.

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 cervical spine: 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), Shoulder, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.