

Case Number:	CM15-0148181		
Date Assigned:	08/11/2015	Date of Injury:	11/24/2014
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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:

This 36 year old woman sustained an industrial injury on 11-24-2014. The mechanism of injury is not detailed. Evaluations include undated right shoulder x-rays. Treatment has included oral medications. Physician notes from the orthopedist on a PR-2 dated 6-17-2015 show complaints of right shoulder and elbow pain. Recommendations include physical therapy, Nabumetone, cortisone injections, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 8 for The Right Shoulder: Overturned

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

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 partial rotator cuff tear, 20 sessions of PT are recommended. Within the documentation available for review, there is documentation of MRI findings of partial tear at posterior fibers of the right supraspinatus and anterior fiber of the right infraspinatus tendons. A progress note from 6/2015 notes the patient has not had any strengthening program to the right shoulder. Given this, the current request for physical therapy is appropriate and medically necessary.