

Case Number:	CM15-0162864		
Date Assigned:	08/31/2015	Date of Injury:	04/27/2015
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on April 27, 2015, incurring multiple injuries from a motor vehicle accident. He was diagnosed with a labral tear of the right shoulder, rotator cuff strain, left wrist tendinitis, impingement syndrome of the right shoulder, acromioclavicular sprain, lumbar degenerative disc disease and lumbar radiculopathy and a humerus fracture. Treatment included physical therapy with a 40% improvement, anti-inflammatory drugs and activity restrictions. Currently, the injured worker complained of increased right shoulder pain radiating into his biceps. He noted constant burning, sharp, dull aching pain made worse by activity and was worse at night. He was diagnosed with right shoulder acromioclavicular joint arthralgia and arthritis and right shoulder adhesive capsulitis. The treatment plan that was requested for authorization included six physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Compensation, Online Edition, 2015 Shoulder (Acute and Chronic) Chapter.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed an unknown number of physical therapy sessions for the right shoulder with a stated 40% decrease in pain and increases in range-of-motion and function. At this point, he should be able to continue with a home-based, self-directed exercise program. The request for 6 physical therapy sessions for the right shoulder is not medically necessary.