

Case Number:	CM15-0164011		
Date Assigned:	09/01/2015	Date of Injury:	03/15/2013
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: Pennsylvania, Ohio, California
 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 53 year old male, who sustained an industrial injury on March 15, 2013. The injured worker reported that while throwing a heavy bag of trash the bag was stuck to the injured worker's hand causing the bag to aim left where his body became twisted causing severe pain to the lower back and right shoulder. The injured worker was diagnosed as having discogenic lumbar condition per magnetic resonance imaging, impingement syndrome of the shoulder on the right with bicipital tendonitis and acromioclavicular joint wear with tendinopathy, acromial spur, acromioclavicular joint arthritis, and changes with adhesive capsulitis per magnetic resonance imaging, and chronic pain syndrome with associated sleep, depression, and stress. Treatment and diagnostic studies to date has included magnetic resonance imaging of the upper extremity, magnetic resonance imaging of the lumbar spine, injection to the right shoulder, use of a transcutaneous electrical nerve stimulation unit, use of a collar, use of a neck pillow, use of hot and cold wrap, use of a back brace, medication regimen, acupuncture, and status post left shoulder arthroscopic subacromial decompression with distal clavicle excision. In a progress note dated June 11, 2015 the treating physician reports positive impingement sign and weakness to the shoulder, tenderness and facet loading to the lumbar spine, and weakness to the left lower extremity. The treating physician requested twelve sessions of physical therapy to the right shoulder, but the documentation provided did not indicate the specific reason for the requested therapy. The medical records provided did not indicate any prior physical therapy performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.