

Case Number:	CM15-0166315		
Date Assigned:	09/04/2015	Date of Injury:	02/27/2015
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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, 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 52-year-old female, who sustained an industrial injury on 02-27-2015. She has reported injury to the right shoulder. The diagnoses have included right shoulder muscle sprain-strain. Treatment to date has included medications, diagnostics, rest, ice, heat, chiropractic therapy, physical therapy, and home exercise program. Medications have included Ibuprofen, Salonpas Patches, Tramadol, and Aleve. A progress report from the treating physician, dated 07-21-2015, documented an evaluation with the injured worker. The injured worker reported there is on and off pain in her right shoulder when performing range of motion activities, overhead reaching, pulling and pushing, and lifting and carrying over 10 pounds; the right shoulder is 50% improved due to not using it; she has had 12 physical therapy sessions that helped her symptoms temporarily; she also received chiropractic care for exercises; she is improving and feels she needs more therapy rehabilitation; and she would like to return to work with restrictions. Objective findings included there is palpable tenderness at the right anterior shoulder; external rotation is reduced at 60 degrees in the right and left shoulders; internal rotation is reduced at 40 degrees in the right and left shoulders; sensation is intact to light touch and pinprick in the upper extremities; and x-rays of the right shoulder revealed possible minimal acromioclavicular changes. The treatment plan has included the request for physical therapy 3x4 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS 2009 recommends from 8 to 10 sessions of PT to treat myalgias. The request for PT had approved up to 8 sessions of PT, which adheres to MTUS 2009. The medical records do not explain why PT exceeding MTUS 2009 is necessary in this case. Therefore, this request for 12 sessions of PT is not medically necessary.