

Case Number:	CM15-0169887		
Date Assigned:	09/10/2015	Date of Injury:	10/07/2013
Decision Date:	10/08/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

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 53 year old man sustained an industrial injury on 10-7-2013. The mechanism of injury is not detailed. Diagnoses include shoulder pain, neck pain, and right arm pain. Treatment has included oral and topical medications and physical therapy. Physician notes dated 8-7-2015 show complaints of right shoulder and neck pain. The physical examination shows painful range of motion in the shoulder and multiple myofascial trigger points above the right shoulder and in the shoulder girdle musculature. Recommendations include additional physical therapy and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 6 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM guidelines, page 114 Official Disability Guidelines, Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2013 and has a history of right shoulder surgery in March 2013 with post-operative physical therapy. Treatments have also included medications and injections. In April 2015 he was trying to perform a home exercise program using TheraBands. Recent treatments include physical therapy with an assessment dated 06/22/15 and 6 treatments including instruction in a home exercise program with improvement as of 07/27/15 when seen, he was at modified work. He was improving with rehabilitation treatments. Physical examination findings included a BMI of over 31. There was full range of motion with pain. There were right shoulder trigger points. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.