

Case Number:	CM15-0180960		
Date Assigned:	09/22/2015	Date of Injury:	10/24/2011
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 28 year old female who sustained an industrial injury on 10-24-2011. A review of medical records indicates the injured worker is being treated for pelvic pain of nondescript character and right parascapular pain. Medical record dated 7-27-2015 rates her pain a 5 out 10. Physical examination notes severe pain in her right shoulder periscapular area. Range of motion noted abduction 180 degrees, flexion 180 degree, adduction 60 degrees bilaterally, and external and internal rotation 90 degrees. MRI of the shoulder revealed possible tendinosis. Treatment has included medical imaging and conservative measures. Utilization review form dated 8-19-2015 noncertified outpatient physical therapy to the right shoulder and chest 2 x a week over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient PT to The Right Shoulder and Chest 2x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, physical therapy.

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for pelvic and shoulder pain without definitive diagnosis of her condition. When seen, she appeared uncomfortable and teary. There was a normal examination. Physical therapy was requested. The claimant was permanent and stationary as of October 2014. In this case, there is no physical impairment or actual physical diagnosis. In terms of physical therapy for a mental condition, guidelines recommend up to 6 treatment sessions over 6 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.