

Case Number:	CM15-0193463		
Date Assigned:	10/07/2015	Date of Injury:	05/08/2013
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 male, who sustained an industrial injury on May 8, 2013, incurring upper and low back, left ankle, left knee, and shoulder injuries. He was diagnosed with lumbar disc disease, cervicgia, internal derangement of the right shoulder, and adhesive capsulitis of the right shoulder. Treatment included physical therapy, ice, chiropractic sessions, pain medications, topical analgesic creams and gels, work modifications, and restrictions. Currently, the injured worker complained of increased pain and weakness in the right shoulder with numbness and tingling radiating into the hands and fingers. Symptoms were relieved with rest and exacerbated with nearly all movement of the right upper extremity. The treatment plan that was requested for authorization on October 1, 2015, included outpatient additional physical therapy to the right shoulder three times a week for four weeks. On September 16, 2015, a request for physical therapy to the right shoulder was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy, right shoulder, 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses; however, the requested 12 visits exceed guidelines and the sessions necessary to reasonably assess functional improvement and compliance. In addition, he has had previous physical medicine, which should have provided sufficient time to transition to a home exercise program. Therefore, the request for outpatient additional physical therapy, right shoulder, 3 times a week for 4 weeks, is not medically necessary.