

Case Number:	CM15-0196281		
Date Assigned:	10/09/2015	Date of Injury:	10/11/2014
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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 63 year old female who sustained an industrial injury on June 25, 2013. A recent primary treating office visit dated September 08, 2015 reported subjective complaint of: "constant pain to right shoulder and left leg." The following diagnoses were applied to this visit: right shoulder impingement syndrome; left leg pain rule out occult fracture; post- polio syndrome. The plan of care is with requesting recommendation for physical therapy session, EMS 12 sessions; prescribed Tramadol, and MRI of left leg. There are hand written comments stating: patient not good candidate for injection secondary to poorly controlled diabetes; continue modified duty. Previous treatment to involve: activity modification, medication, physical therapy, diagnostic testing, and exercise and stretching. On August 26, 2015, a request was made for physical therapy 12 sessions working on range of motion, cuff exercises right shoulder which was noncertified by Utilization review on September 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 3 x 4 weeks range of motion and cuff exercises for right shoulder:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Physical therapy 3 x 4 weeks range of motion and cuff exercises for right shoulder. The requesting treating physician report dated 9/8/15 (86B) provides no rationale for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.