

Case Number:	CM15-0201463		
Date Assigned:	10/16/2015	Date of Injury:	07/31/2015
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 59 year old male who sustained an industrial injury on 07-31-2015. According to an initial orthopedic consultation dated 09-08-2015, the injured worker presented with bilateral shoulder pain and low back pain. Treatment to date has included 5 physical therapy sessions and medications with recurrent pain. Examination of the shoulders demonstrated forward flexion 0-170 degrees, external rotation 0-45 degrees and internal rotation to T12. Positive Hawkins and Neer's sign for impingement was noted. There was weakness with abduction testing. Diagnoses included bilateral shoulder strain rule out rotator cuff pathology and lumbar strain rule out discopathy. The provider recommended MRI of both shoulders and low back. The injured worker was not working. Follow up was indicated in three to four weeks. A medical summary and work status form dated 09-08-2015 was submitted for review. The treatment plan included physical therapy 2 times 3 weeks and MRI of the bilateral shoulders. On 09-15-2015, Utilization Review non-certified the request for physical therapy for the bilateral shoulders quantity 6 and authorized the request for MRI of the bilateral shoulders without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral shoulders, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines Shoulder (acute & chronic) Chapter, updated 09/08/2015.

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

Decision rationale: The requested Physical therapy for bilateral shoulders, quantity 6, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral shoulder pain and low back pain. Treatment to date has included 5 physical therapy sessions and medications with recurrent pain. Examination of the shoulders demonstrated forward flexion 0-170 degrees, external rotation 0-45 degrees and internal rotation to T12. Positive Hawkins and Neer's sign for impingement was noted. There was weakness with abduction testing. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for bilateral shoulders, quantity 6 is not medically necessary.