

Case Number:	CM15-0204636		
Date Assigned:	10/21/2015	Date of Injury:	08/26/2015
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old male injured worker suffered an industrial injury on 8-26-2015. The diagnoses included chest contusion, right shoulder contusion, right shoulder rotator cuff tendinitis-impingement syndrome and thoracic spine contusion. On 9-11-2015 the treating provider reported right shoulder pain, left hand pain, right chest pain and upper back pain. On exam there was tenderness over the right rib cage area and right shoulder with positive Neer's and Hawkin's tests. There was tenderness in the thoracic region. The provider reported no fractures from the x-rays and COMPUTED TOMOGRAPH scan. Goals of treatment for physical therapy were not included in the medical record. The Utilization Review on 9-25-2015 determined modification for 18 Physical therapy sessions for the right shoulder, 3 times a week for 6 weeks to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy sessions for the right shoulder, 3 times a week for 6 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: 18 Physical therapy sessions for the right shoulder, 3 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. There are no extenuating factors which would necessitate 18 supervised therapy visits therefore this request is not medically necessary.