

Case Number:	CM15-0208253		
Date Assigned:	10/27/2015	Date of Injury:	05/21/2015
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This is a 41 year old male with a date of injury of May 21, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder strain, right biceps tendinitis, cervical strain, and lateral epicondylitis of the right elbow. Medical records dated July 15, 2015 indicate that the injured worker complained of right sided upper back pain and numbness in the right arm. A progress note dated September 19, 2015 documented complaints of right shoulder pain rated at a level of 1 to 2 out of 10. Per the treating physician (September 19, 2015), the employee has not returned to work. The physical exam dated July 15, 2015 reveals tenderness of the right trapezius, tenderness of the right shoulder, pain in biceps tendon with elbow flexion, and positive tendonitis and Yergason tests. The progress note dated September 19, 2015 documented a physical examination that showed no changes since the examination performed on July 15, 2015. Treatment has included six sessions of physical therapy and medications (Naproxen and Cyclobenzaprine). The utilization review (September 29, 2015) non-certified a request for six sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks 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 right sided upper back pain and numbness in the right arm. The current request is for physical therapy two times a week for three weeks right shoulder. The treating physician states, in a report dated 09/19/15, "PR2 submitted for additional Physical Therapy 2x/wk x 3 weeks as the patient is benefitting from this modality." (108B) The MTUS guidelines state that 8-10 visits are allowed for myalgia and neuritis type pain. In this case, the treating physician requested an additional 6 physical therapy sessions over and above the six initial sessions (with no notable functional improvement) which exceeds the MTUS guidelines. The current request is not medically necessary.