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| Case Number: | CM15-0023335 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 12/25/2011 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 02/07/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained a work related injury on December 25, 2011, when he injured his right shoulder and neck, while working as a nursing attendant. He complained of immediate pain in his right shoulder and swelling in the neck with weakness and trembling in the right arm and hand. Treatment included restrictions, acupuncture sessions, pain medications, injections and physical therapy. Magnetic Resonance Imaging (MRI) was performed and was abnormal. He underwent arthroscopic subacromial decompression surgery to the right shoulder. Currently, the injured worker complained of intermittent sharp neck pain and right shoulder pain with occasional numbness and tingling in the fingers. On January 9, 2015, a request for physical therapy to the right shoulder, two to three times a week for six weeks was modified to certify nine physical therapy sessions for the right shoulder by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant sustained a work injury in December 2011 and underwent arthroscopic surgery in September 2012. He had treatments including acupuncture, injections, medications, and physical therapy. He continues to be treated for neck and right shoulder pain with numbness and tingling of his hand. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.