

Case Number:	CM15-0221316		
Date Assigned:	11/16/2015	Date of Injury:	03/20/2012
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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: New York

Certification(s)/Specialty: Internal 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 30 year old male, who sustained an industrial injury on March 20, 2012, incurring right shoulder injuries. He was diagnosed with right shoulder impingement syndrome. Treatment included pain medications, anti-inflammatory drugs, cortisone injection with some improvement, home exercise program, physical therapy, and work modifications with activity restrictions. He continued with right shoulder pain and limited movement. Medications and therapy failed to relieve his pain. On April 15, 2015, the injured worker underwent a right shoulder arthroscopy with subacromial decompression and distal clavicle resection. Currently, the injured worker complained of persistent right shoulder pain. On physical examination, there was tenderness on palpation and swelling in the shoulder joint. He rated his pain 4 out of 10 on a pain scale from 0 to 10. The injured worker had limited range of motion and activity restrictions. He was diagnosed with right shoulder tendonitis, impingement and rotator cuff tendinitis post right shoulder arthroscopy. He underwent a right shoulder joint cortisone injection. The treatment plan that was requested for authorization included physical therapy of the right shoulder twice a week for four weeks. On October 9, 2015, a request for physical therapy of the right shoulder was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder 2 times a week for 4 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had previous physical therapy and there is no documentation indicating that he had a defined functional improvement in his condition. There is no specific indication for the additional 8 PT (2x4) sessions requested. Medical necessity for the additional PT visits requested has not been established. The requested services are not medically necessary.