

Case Number:	CM15-0030557		
Date Assigned:	02/24/2015	Date of Injury:	01/30/2006
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: Family Practice

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 55-year-old male, with a reported date of injury of 01/30/2006. The diagnoses include right shoulder impingement syndrome. Treatments have included oral medications. The progress report dated 11/19/2014 indicates that the injured worker reported an increase in bilateral shoulder pain. He rated the pain 9 out of 10 without medications and 7 out of 10 with medications. The injured pain was rated 8 out of 10 on the day of the visit. The physical examination of the right shoulder showed tenderness over the acromioclavicular joint, clear signs of impingement, subacromial bursitis, and painful limited range of motion. The treating physician requested physical therapy three times a week for four weeks for the right shoulder. The rationale for the request was not indicated. On 01/12/2015, Utilization Review (UR) denied the request for physical therapy three times a week for four weeks for the right shoulder, noting that there was no documentation of the total number of completed physical therapy visits to date, the last therapy session attended, and the injured worker's objective functional response to treatment. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week x 4 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient receives treatment for chronic pain dating back to 2006. The patient's diagnoses include R shoulder A/C joint arthritis, shoulder impingement syndrome, cervical facet joint arthritis, and mid/low back pain with lower extremity pain. Recent therapy includes acupuncture, an NSAID, and the patient is opioid dependent. The documentation does not include information for the original work-related injury nor subsequent treatments, for example, past physical therapy sessions. The treating physician requests an additional 12 sessions of physical therapy for "pain relief, improved function, and overall quality of life." Physical therapy is considered passive therapy. The treatment guidelines call for a fading of physical therapy. This is to be replaced by an active home exercise program. This is the phase of care this patient ought to be under now. The rationale for the request for additional physical therapy is vague and not related to a specific diagnosis. There is no documentation of any recent surgical procedure or new work-related injury that would require a new round of physical therapy. The request for physical therapy is not medically indicated.