

Case Number:	CM15-0034646		
Date Assigned:	03/03/2015	Date of Injury:	01/16/2009
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/24/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 66 year old male, who sustained a work related injury January 16, 2009. While walking, he tripped and fell onto his stomach with his right arm extended to the front. He experienced immediate pain to his right shoulder and arm. He was diagnosed in the emergency department with a right shoulder dislocation and underwent a closed reduction and administered pain medication. Past history includes right shoulder surgery May, 2009 and September, 2011. According to an orthopedic physician's progress noted dated December 15, 2014, the injured worker presented with complaints of neck, right shoulder, lower back and abdominal pain. Diagnoses included cervical degenerative disk disease, cervical radicular syndrome, and s/p multiple surgical procedures right shoulder. Treatment plan included request for authorization for range of motion and strengthening, 3 times a week for 4 weeks to the right shoulder and an MRI of the cervical spine. According to utilization review dated January 23, 2015, the request for Physical Therapy 3 x 4 Right Shoulder is non-certified, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right shoulder: Upheld

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

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

Decision rationale: Guidelines recommend 8-10 sessions of physical therapy for various myalgias and neuralgia. In this case, the patient complains of right shoulder pain s/p arthroscopic surgery, injection and 20 sessions of physical therapy. Clinical documentation fails to indicate significant functional improvement and also fails to indicate why the patient cannot continue as home therapy. Thus, physical therapy 3x4 is not medically necessary and appropriate.