

Case Number:	CM15-0035001		
Date Assigned:	03/03/2015	Date of Injury:	04/18/2013
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female, who sustained an industrial injury on April 18, 2013. She has reported she was lifting a 2 inch file and suffered the abrupt onset of her symptoms. The diagnoses have included pain in joint involving shoulder region. Treatment to date has included Magnetic resonance imaging, physical therapy for 12 weeks, cortisone injections, Norco and Flexeril, Non-steroidal anti-inflammatory drug, acupuncture, TENS stimulation and antidepressants. Currently, the injured worker complains of dorsal upper arm and bilateral shoulder pain. In a progress note dated January 16, 2015, the treating provider reports examination of the right shoulder reveals mild tenderness of the right AC joint and more intensely at the right teres muscle, and the left shoulder there is no abnormal findings. On February 11, 2015 Utilization Review non-certified physical therapy 2 times a week times 3 weeks right shoulder, the Utilization Review does not document what 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 for the right shoulder, twice weekly for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient's injury occurred in 4/2013. The patient has undergone physical therapy in the past but the results of previous trials and recommendations for future therapies are not included in the request. Also, the request is for after CBT which is unclear whether this therapy will benefit the patient and allow her move at all. As such, the request for Physical therapy for the right shoulder, twice weekly for three weeks is not medically necessary.