

Case Number:	CM15-0035236		
Date Assigned:	03/03/2015	Date of Injury:	08/01/2014
Decision Date:	04/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, 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 62 year old male, who sustained an industrial injury on August 1, 2014. The diagnoses have included head injury, open wound of head, torticollis and post-concussion syndrome. A progress note dated January 5, 2015 provided the injured worker complains of pain in right arm rated 4/10. Physical exam reveals range of motion (ROM) 120 degrees abduction and flexion and 30 degrees extension of the right shoulder. Assessment is frozen right shoulder. He has had 8 physical therapy sessions. On February 24, 2015 utilization review non-certified a request for physical therapy (visits) #9. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits) #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG - shoulder chapter and therapy pg.

Decision rationale: According to the ODG and MTUS guidelines, most conditions allow for up to 8 sessions of therapy for medical management of shoulder ailments. The treatments are to be provided in a fading frequency, which can then be performed at home. In this case, the claimant completed at least 10 sessions of physical therapy. The request for an additional 9 sessions exceeds the guideline recommendation. There is no indication that additional therapy cannot be completed at home. The request for additional therapy sessions is not medically necessary.