

Case Number:	CM15-0035282		
Date Assigned:	03/03/2015	Date of Injury:	12/13/2010
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
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 55 year old male, who sustained an industrial injury on December 13, 2010. The diagnoses have included derangement of joint of shoulder, wrist sprain/strain, muscular wasting and disuse atrophy, gastroduodenal disorders and adverse effects of specified agents affecting the gastrointestinal system in therapeutic use. A progress note dated February 4, 2015 provided the injured worker complains of right shoulder pain and difficulty sleeping. Physical exam reveals right hand atrophy with shoulder tenderness, decreased range of motion (ROM) and impingement. On February 11, 2015 utilization review non-certified a request for physical therapy 3 times per week for 4 weeks to the right upper extremity. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times per week for 4 weeks to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter- therapy and pg 27.

Decision rationale: According to the ODG guidelines, up to 10 sessions of therapy is recommended for medical management of impingement syndrome. According to the MTUS guidelines, treatment is recommended in a fading frequency. In this case, the 12 sessions requested exceed the amount recommended in the guidelines. There is no indication that additional exercises cannot be completed at home after initial education. The request is therefore not medically necessary.