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| Case Number: | CM15-0036440 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 12/02/2014 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male with an industrial injury dated December 2, 2014. The injured worker diagnoses include cervical spine pain/strain and right shoulder impingement syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, 6 sessions of physical therapy, lumbar support and periodic follow up visits. According to the progress note dated 1/20/2015, the injured worker reported right shoulder pain and cervical pain. Right shoulder physical exam revealed positive impingement syndrome, positive Hawkin's test and tenderness to the greater tuberosity. The treating physician noted that the x-ray of the right shoulder was unremarkable. The treating physician prescribed services for additional physical therapy 3 times a week for 2 weeks on right shoulder. Utilization Review determination on February 20, 2015 denied the request for additional physical therapy 3 times a week for 2 weeks on right shoulder, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks on right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.