

Case Number:	CM15-0044657		
Date Assigned:	03/17/2015	Date of Injury:	02/25/2014
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 (IW) is a 53-year-old male who sustained an industrial injury on 02/25/2014. The right shoulder and chest was affected. Diagnoses include right shoulder sprain/strain; rule out impingement and right shoulder blade pain. Treatment to date has included medications and physical therapy (PT). The notes stated PT was not helpful. Diagnostics performed to date included x-rays and a CT scan. According to the progress notes dated 12/11/14, the IW reported chest pain, right shoulder blade pain and right upper extremity swelling. The requested PT was included in the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the Right Shoulder 2 Times A Week for 6 Weeks: Upheld

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

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

Decision rationale: The injured worker is being treated for right shoulder pain diagnosed as rotator cuff tendinitis and acromioclavicular arthritis by MRI on 1/28/15. His physical examination is notable for impaired shoulder range of motion and motor power. Records indicate a physical therapy plan for exercises and modalities 2 times a week for 6 weeks. For the diagnosis of myalgia and myositis, MTUS guidelines indicates physical therapy is recommended for 9-10 visits over 8 weeks which should allow fading treatment frequency plus an active self-directed home physical medicine program. Request for 12 physical therapy visits exceeds the cited guidelines and is not medically necessary.