

Case Number:	CM15-0047035		
Date Assigned:	03/19/2015	Date of Injury:	12/26/2014
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 38 year old female who sustained a work related injury on December 26, 2014. She has completed 12 sessions of physical therapy. She complained of pain between the right shoulder and the base of the neck and pain with motion of the shoulder. She was diagnosed with a sprain or strain of the right shoulder and right lateral epicondylitis. Treatment included moist heat, anti-inflammatory drugs, physical therapy, and muscle relaxants. Currently, the injured worker complained of persistent shoulder and neck pain. The treatment plan that was requested for authorization included additional physical therapy evaluation and treatment of the right shoulder three times a week for two weeks. The February 13, 2015 report notes moderate to extreme severe right shoulder pain with limited range of motion and pain with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy evaluate and treatment 3 times a week for 2 weeks right shoulder: Upheld

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

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of physical therapy for this injured worker's condition. The injured worker has completed 12 sessions of physical therapy and remains with complaints of moderate to extreme severe right shoulder pain with limited range of motion and pain with range of motion. This would indicate lack of efficacy from past physical therapy treatments. Furthermore, the injured worker is expected to have been educated in a home exercise program in the attended physical therapy treatments. A home exercise program can be utilized to address range of motion deficits. The request for additional Physical Therapy evaluate and treatment 3 times a week for 2 weeks right shoulder is not medically necessary.