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| Case Number: | CM15-0047713 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 10/19/2014 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/12/2015 |
| 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: New Jersey, New York
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 47 year old female who sustained an industrial injury on October 19, 2014. She has reported injury to the left shoulder and has been diagnosed with impending adhesive capsulitis of the left shoulder and rotator cuff tendinitis of the left shoulder. Treatment has included medications. Currently the injured worker complains of sharp pain in the front of the left shoulder with numbness and tingling in the hands. The treatment plan included physical therapy 3 x 4 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 3x4 Left shoulder: Upheld

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

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

Decision rationale: The request for more physical therapy is not medically necessary. The patient has already had physical therapy sessions. As per MTUS guidelines, patients are

"expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The recommended number of sessions for myalgias is 9-10 visits over 8 weeks, and for radiculitis is 8-10 visits over 4 weeks. The patient would exceed this limit with the requested amount of PT sessions. She did not have documented benefit from the previous physical therapy sessions. She should be continuing a home exercise program at this point. Therefore, this request is considered not medically necessary.