

Case Number:	CM15-0048498		
Date Assigned:	03/20/2015	Date of Injury:	09/05/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female with an industrial injury dated September 5, 2012. The injured worker diagnoses include status post right rotator cuff repair, distal clavicle resection on 12/3/13, pain in joint, shoulder and elbow tendinitis. She has been treated with prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 2/11/2015, the injured worker reported shoulder pain. Physical exam revealed decreased shoulder strength in the right supraspinatus with increased pain, decrease range of motion in the right shoulder and right positive impingement test. The treating physician prescribed services for 12 physical therapy treatments. The medications listed are Ultram, Ibuprofen, Voltaren and Capsaicin cream. A Utilization Review determination was rendered recommending non-certification for Physical Therapy treatment #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- physical therapy guidelines, shoulder (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder.

Decision rationale: The CA MTUS and the OD guidelines recommend that physical treatments can be utilized in the management of exacerbation of musculoskeletal pain when medications and behavioral modifications have failed. Physical therapy (PT) can lead to increase in range of motion, reduction in pain and medication utilization. The guidelines recommend that patients progress to a home exercise program after completion of supervised PT. The records indicate that the patient completed supervised physical therapy treatments and progressed to a home exercise program. There is no documentation of recent injury or exacerbation of the shoulder pain. The criteria for Physical Therapy X 12 was not met. Therefore, the request was not medically necessary.