

Case Number:	CM15-0049956		
Date Assigned:	03/23/2015	Date of Injury:	08/25/2012
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management, Occupational Medicine

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 8/25/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having shoulder/upper strain and carpal tunnel syndrome. There was a recent normal shoulder x ray and electromyography (EMG) and an abnormal nerve conduction study. Treatment to date has included steroid injections, physical therapy and medication management. Currently, the injured worker complains of right shoulder pain radiating to the right arm. In a progress note dated 2/10/2015, the treating physician is requesting 12 visits of physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks for the right shoulder: Upheld

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

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

Decision rationale: The shoulder injury has been treated since 2012. She lacks 20 degrees of abduction and appears to have tenderness over the origin of the biceps or insertion of the rotator cuff muscle. Impingement signs are present. A subacromial decompression has been requested. There are no imaging studies to review that describe the anatomy. The patient has pain in the right shoulder and the treating physician has requested surgery to treat the condition. There are no goals for therapy or any description of what the therapist should do in therapy. The medical records do not explain why therapy is prescribed when surgery has been requested to treat the condition. Presumably, if therapy had been effective in the past, surgery would not be requested. The patient has already received therapy adherent to MTUS 2009, which recommends up to 10 sessions of physical therapy. This request for additional physical therapy is not medically necessary.