

Case Number:	CM15-0051849		
Date Assigned:	03/25/2015	Date of Injury:	09/23/2014
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 24-year-old female, who sustained an industrial injury on September 23, 2014. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder strain. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 21, 2014, revealed continued pain with activity and above the shoulder work. Medications were renewed, physical therapy was continued and work modifications were instated. Evaluation on March 3, 2015, revealed continued pain. Additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy with iontophoresis for right shoulder 2 times a week for 3 weeks (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, this request is not medically necessary.