

Case Number:	CM15-0053220		
Date Assigned:	03/26/2015	Date of Injury:	10/17/2014
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on 10/17/2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder sprain/strain; and thoracic sprain/strain. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. A progress note from the treating physician, dated 02/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant right shoulder pain with weakness; restricted range of motion of the right shoulder; and the shoulder is improving with physical therapy and would benefit from more physical therapy. Objective findings included tenderness of the right trapezius muscle with spasms; positive apprehension test and positive impingement test; and full range of motion of the right shoulder. The treatment plan has included continuation of heat therapy and stretching exercises; and the request for additional outpatient physical therapy, right shoulder, 3 sessions per week for 2 weeks (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Outpatient Physical Therapy, Right Shoulder, 3 sessions per week for 2 weeks (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-2.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.