

Case Number:	CM15-0059613		
Date Assigned:	04/06/2015	Date of Injury:	12/09/2013
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 52-year-old male who sustained an industrial lifting injury on December 9, 2013. The injured worker was diagnosed with bilateral shoulder sprain/strain and right wrist sprain. Treatment to date includes physical therapy, diagnostic testing, cortisone injections, surgery and medications. The injured worker is status post right shoulder arthroscopy with debridement and decompression on August 26, 2014. According to the primary treating physician's progress report on March 4, 2015, the injured worker continues to experience pain to the shoulder and right wrist. Examination demonstrated tenderness to both shoulders and right wrist. Current medications are listed as Norco and Gabapentin. Treatment plan consists of continue with medication regimen and the current request for additional 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 for the right shoulder, once to twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Chapter.

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

Decision rationale: Guidelines recommend physical therapy begins under supervision and be transitioned to home active therapies in order to maintain improvement levels. In this case, there is no documentation in the medical record of the patient having significant objective functional improvement from prior physical therapy sessions. In addition, the specific number of previously received physical therapy sessions was not provided in the medical record and there is no documentation of specific functional deficits. The request for 6-12 physical therapy sessions 1-2 x/week for 6 weeks is not medically necessary and appropriate.