

Case Number:	CM15-0059644		
Date Assigned:	04/06/2015	Date of Injury:	12/24/2013
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old male, who sustained an industrial injury on December 24, 2013. He has reported right shoulder pain. Diagnoses have included shoulder pain and right shoulder impingement syndrome. Treatment to date has included medications, physical therapy, home exercise, and imaging studies. A progress note dated March 11, 2015 indicates a chief complaint of right shoulder pain that is doing better. The treating physician documented a plan of care that included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks (8 sessions) for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Physical therapy.

Decision rationale: Physical therapy two times a week for four weeks (8 sessions) for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. Both the MTUS and the ODG recommend up to 10 visits for this condition. The documentation dated 12/15/14 indicates that the patient has already completed 10 sessions of therapy. The ODG recommends up to 10 visits of physical therapy for rotator cuff syndrome/ Impingement syndrome. The MTUS also recommends up to 10 visits of PT for this condition. The documentation dated 1/26/15 that the patient was to start his second round of PT. The MTUS and the ODG recommend transitioning to an independent home exercise program. There are no extenuating circumstances, which require an additional eight supervised therapy visits for the right shoulder therefore this request is not medically necessary.