

Case Number:	CM15-0060693		
Date Assigned:	04/06/2015	Date of Injury:	09/09/2009
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female, who sustained a work/industrial injury on 9/9/09. The injured worker was diagnosed as having bilateral shoulder impingement. Treatments to date included medications, diagnostics, chiropractic 6 sessions and Home Exercise Program (HEP). Diagnostic testing performed included right shoulder Magnetic Resonance Imaging (MRI) dated 3/29/11. Currently, the injured worker complains of right shoulder pain that has increased after 6 sessions of chiropractic treatment. The treating physician's report (PR-2) from 2/23/15 indicated the injured worker complained of bilateral shoulder pain right greater than left with weakness and radiation of pain to the temporal region. Physical exam of the bilateral shoulders revealed decreased range of motion and positive Apley scratch test, supraspinous, Impingement and Yergason's test on the right. Treatment plan included Physical therapy for the right shoulder due to flare-up symptoms QTY: 6.00.

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 QTY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2009. When seen she had increasing right greater than left shoulder pain. Prior treatments have included physical therapy with a home exercise program. Additional therapy was requested due to a flare up of symptoms. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of treatments being requested is within that recommendation and therefore, the request was medically necessary.