

Case Number:	CM15-0085271		
Date Assigned:	05/07/2015	Date of Injury:	08/25/2014
Decision Date:	06/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 27-year-old male, who sustained an industrial injury to the left shoulder on 08/25/2014. Documented treatments and diagnostic testing to date has included conservative care, medications, MRIs, physical therapy, and injections. A progress note dated 12/10/2014, states that the injured worker has received 6 sessions of physical therapy resulting in decreased pain and improvement in function with no changes in physical exam findings since the previous exam. No specific details were provided. This report requested continued physical therapy (3x4). There were no other relevant/recent progress notes submitted. Relevant diagnoses include left shoulder tendinitis and depression. The request for authorization includes 12 additional sessions of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x4 week, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines, physical therapy is for initial and follow-up visits for education, counseling, and evaluation of home exercise. In this case, the claimant had 6 sessions of therapy. There was no indication that additional therapy cannot be completed at home and the range of motion had improved. The request for 12 additional therapy sessions exceeds the guideline limit and is not medically necessary.