

Case Number:	CM14-0144364		
Date Assigned:	09/12/2014	Date of Injury:	10/15/2012
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 42 year old male with an injury date of 10/15/12. Based on the 07/02/14 progress report provided by [REDACTED] the patient complains of an "ache" at the superior aspect of the shoulder, occasional night pain, and popping. There were no other significant findings noted on this report. The diagnoses include the following: rotator Cuff Synd Nos, joint Dis Nos-Shoulder, joint Pain-shoulder and AC Joint Arthritis. [REDACTED] is requesting for 6 physical therapy visits for the right shoulder. The utilization review denied the request on 08/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 02/21/14 to 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X week X 3weeks Right Shoulder#6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 07/02/14 report by [REDACTED] the patient presents with right shoulder pain. The request is for 6 physical therapy visits for the shoulder. For physical

medicine, the MTUS guidelines pages 98, 99 recommend for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the patient's has had 18 sessions of physical therapy from 05/20/14 to 06/30/14. No discussion is provided as to why the patient is not able to perform the necessary home exercises and why the patient requires additional therapy treatments. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. Therefore the request for additional 6 sessions exceeds what is recommended by MTUS. Recommendation is for denial.