

Case Number:	CM14-0146806		
Date Assigned:	09/12/2014	Date of Injury:	03/25/2014
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The patient is a 40 year old with an injury date on 3/25/14. Patient complains of mild, dull and intermittent right shoulder pain that has not changed per 5/29/14 report. Patient states that is no numbness, no radiation, no weakness, no swelling, and no elbow/wrist/hand/finger pain, but there is pain with motion of shoulder (although no restrictions to motion) per 5/29/14 report. Based on the 5/29/14 progress report provided by [REDACTED] the diagnoses are: 1. pain in joint, shoulder, right 2. bursitis, shoulder, right 3. s/s - rotator cuff capsule, right Exam on 5/29/14 showed "right shoulder range of motion is full. Muscle spasm of right trapezius." [REDACTED] is requesting physical therapy 2x4 for the right shoulder. The utilization review determination being challenged is dated 8/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/26/14 to 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG Shoulder Chapter - Physical therapy guidelines

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

Decision rationale: This patient presents with right shoulder pain. The treater has asked for physical therapy 2x4 for the right shoulder on 5/29/14. The 5/29/14 report shows the patient has completed 12 physical therapy sessions between March and May 2014 but the efficacy is not stated. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has completed 12 sessions of physical therapy without documentation of its effectiveness. The treater has requested 8 additional physical therapy sessions for the right shoulder, which exceeds MTUS guidelines for this type of condition. The patient should be able to transition into a home exercise program at this time. The request is not medically necessary.