

Case Number:	CM14-0161713		
Date Assigned:	10/07/2014	Date of Injury:	12/30/2008
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 31 year old male with an injury date on 12/30/08. Based on the 07/09/14 progress report provided by [REDACTED] the patient complains of frequent pain in the right shoulder. The pain increases with Range of Motion. He continues to have radiation of pain into the neck. He had a positive Hawkins and Neer's impingement sign. His diagnoses include the following: 1. Right shoulder labrum tear 2. Right shoulder rotator cuff syndrome 3. Chronic pain, right shoulder [REDACTED]. [REDACTED] is requesting for 12 physical therapy visits. The utilization review denied the request on 09/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13 to 07/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, the MTUS guidelines Page(s): pages 98, 99.

Decision rationale: According to the 07/09/14 report by [REDACTED], this patient presents with right shoulder pain. The request is for 12 physical therapy visits. There is no record of prior physical therapy. Utilization review denied on 09/10/14 with the rationale as "this request is not medically reasonable or necessary." For physical medicine, the MTUS guidelines pages 98, 99 stated for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis are 8-10 visits. The report mentioned that "The patient would benefit from simultaneous course of physical therapy two times a week for six week for the right shoulder." However, the request for 12 sessions exceeds what is recommended by MTUS. No discussion is provided as to why the patient is not able to perform the necessary home exercises. There is no discussion regarding therapy treatment history and how the patient's response. There is no documentation of flare-up or a new injury to warrant formalized therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. The request is not medically necessary.