

Case Number:	CM14-0166889		
Date Assigned:	10/14/2014	Date of Injury:	11/14/1998
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Rehabilitation and is licensed to practice in Alabama, Maryland and New York. 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 claimant is presenting with pain in the right shoulder and bilateral knees with an injury date of 1998 and with an unknown mechanism of injury. He continues to have right shoulder pain but noted some improvement with therapy. On examination, there is mild swelling along with pain with range of motion. The provider recommends continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 to the right 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS guidelines recommend physical therapy along with active self-directed home therapy, 10 visits over 8 weeks. In this case, the claimant has completed 20 physical therapy sessions and continues to complain of pain in the right shoulder. There are noted improvements in range of motion and function. However, there is no mention of any recent flare-up of symptoms. Also, considering the number of prior physical therapy visits, the claimants is already expected to be involved in an organized home exercise program at this point.

In addition, there is no clear evidence to support that the claimant has tried and failed a home exercise program in addressing current pain complaints and residual deficits in the right shoulder. Based on the guidelines stated above and the clinical findings, this request is not medically necessary.