

Case Number:	CM14-0114964		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2010
Decision Date:	01/27/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice and is licensed to practice in North Carolina. 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 injured worker is a 67 year old male with a reported industrial injury on August 30, 2010, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on May 27, 2014, for follow-up visit with Orthopedic Surgeon. The presenting complaints included pain in right shoulder. The physical exam of right shoulder, revealed 2-3 grade tenderness to palpation, which was decreased from a grade 3 from last visits, date not noted and 2 palpable spasm, which was decreased from 2-3 from last visit, there is restricted range of motion. The exam of the right arm was a 2-3 grade tenderness to palpation which was decreased from grade 3 on last visit and 2 palpation spasm decreased from 2-3 on last visit. The diagnostic studies have included Magnetic resonance imaging (MRI) of right shoulder on May 23, 2012 which results were not documented in the available records. The medical treatment is Non-steroidal anti-inflammatory drug, extracorporeal shockwave therapy on August 22 and 29, 2012, physical therapy the number of sessions was not noted and right shoulder injection on August 23, 2012. Diagnoses were right shoulder sprain/strain, right shoulder tendinosis per MRI, right shoulder impingement syndrome, right shoulder adhesive capsulitis and rule out right shoulder rotator cuff. The treatment plan was to continue physical therapy for evaluation and treatment of the right shoulder, two times a week for 6 weeks. On June 18, 2014, the provider requested continue physical therapy for evaluation and treatment of the right shoulder, two times a week for 6 weeks, on June 25, 2014. The Utilization Review non-certified 9 of the 12 sessions requested. The Utilization Reviews decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cont. PT (Physical Therapy) evaluation and treatment, 12 visits- right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks. In this case, the claimant has already completed an unspecified number of physical therapy sessions. No description of the response to initial physical therapy is included and no rationale for continued physical therapy is documented, 12 additional sessions of physical therapy are not medically indicated.