

Case Number:	CM14-0147096		
Date Assigned:	09/15/2014	Date of Injury:	11/04/2013
Decision Date:	03/23/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old male, who sustained an industrial injury on 11/4/13. He has reported right shoulder and arm pain. The diagnoses have included AC joint degenerative joint disease, right pectoral major tear and right shoulder impingement. Treatment to date has included MRI of right shoulder, physical therapy, right pectoralis tendon repair, subacromial injection and oral medication. As of the PR2 dated 7/28/14, the injured worker reported pain in the posterior shoulder. The treating physician noted some crepitation, but full range of motion in the shoulder. The treating physician requested physical therapy 2x week for 6 weeks for the right shoulder. On 8/12/14 Utilization Review non-certified a request for physical therapy 2x week for 6 weeks for the right shoulder. The utilization review physician cited the MTUS guidelines on chronic pain medical treatment and post-surgical treatment. On 9/10/14, the injured worker submitted an application for IMR for review of physical therapy 2x week for 6 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: PHYSICAL THERAPY 2X6 FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 6 weeks right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's status post-right pectoralis muscle repair December 4, 2013. An additional working diagnosis is tendinitis. The documentation indicates the injured worker completed a course of physical therapy. The documentation, however, is incomplete and does not contain physical therapy progress notes or any evidence of objective functional improvement based on prior physical therapy. The total number of prior physical therapy visits is not known. The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The documentation does not contain compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, physical therapy 2 times per week for 6 weeks right shoulder is not medically necessary.