

Case Number:	CM15-0000716		
Date Assigned:	01/12/2015	Date of Injury:	07/07/2012
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old woman sustained an industrial injury on 7/7/2012 resulting in bilateral shoulder pain. The mechanism of injury was not detailed. Current diagnoses include impingement syndrome of the right shoulder with evidence of biceps tendonosis, acromioclavicular joint wear, labral tear and glenohumeral wear as well as impingement syndrome on the left shoulder with tendonosis, labral tear, acromioclavicular joint wear, and glenohumeral wear. Treatment has included oral medications, subacromial injection on 11/15/2014, and chiropractic care. an MRI of the right shoulder showed tendonitis and acromioclavicular degeneration. Physician notes dated 11/5/2014 state that the worker has received approximately eight therapy sessions, however, does not detail any results of these sessions. There are no subjective results listed, no range of motion measurements, or details of activities of daily living. There is a note that the worker received an injection to the right subacromial space and she may require surgery if this fails. On 12/8/2014, Utilization Review evaluated a prescription for twelve sessions of physical therapy for the right shoulder, that was submitted on 1/2/2015. The UR physician noted the worker has already received the recommended amount of visits and there is no documentation of exceptional indications that would qualify the worker for an extension of therapy. The worker should be encouraged to perform a home exercise regimen. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Physical Therapy for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Therapy.

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

Decision rationale: The patient continues to complain of bilateral shoulder pain. The current request is for 12 visits of physical therapy for the right shoulder. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. There is no documentation of flare-up or a new injury to warrant a formal physical therapy program. The treating physician does not discuss the patient's treatment history nor the rationale for requesting additional therapy. MTUS page 8 requires that the attending physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. As such, recommendation is for denial.