

Case Number:	CM15-0101384		
Date Assigned:	06/04/2015	Date of Injury:	03/11/2015
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on March 11, 2015, incurring right shoulder injuries. He was diagnosed with internal derangement of the right shoulder and sprain. Treatment included physical therapy, pain medications, acupuncture, topical analgesic gel, ice and heat and work restrictions. Currently, the injured worker complained of right arm and shoulder pain with radiation to the right neck and right chest muscles. He complained that the symptoms were exacerbated by range of motion. The treatment plan that was requested for authorization included additional physical therapy for the right shoulder. The progress report dated April 6, 2015 states that 3 physical therapy sessions have made the patient's pain worse. The note goes on to state that conservative care is actually making the patient worse and recommends an MRI and orthopedic referral. A note dated April 15, 2015 states that the order for physical therapy was canceled due to the patient not responding well to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x 2 for the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, notes indicate that physical therapy worse than the patient symptoms, and there is no statement indicating how the currently requested therapy will differ from what was already provided. In light of the above issues, the currently requested additional physical therapy is not medically necessary.