

Case Number:	CM15-0102838		
Date Assigned:	06/05/2015	Date of Injury:	03/14/2014
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 41-year-old male, who sustained an industrial injury on March 14, 2014. Several documents included in the submitted medical records are difficult to decipher. He reported a right shoulder injury. The injured worker was diagnosed as having internal derangement of the right shoulder. Diagnostic studies to date have included an MRI. The injured worker underwent physical therapy with therapeutic exercise, manual therapy, electrical stimulation, and heat/cold pack. Other treatment to date has included work modifications. On December 10, 2014, the injured worker complains of shoulder pain. The physical exam revealed tenderness over the rotator cuff, a positive O'Brien's, full range of motion, and tender biceps groove. On February 4, 2015, the injured worker complains of recurrent shoulder pain. The physical exam was unchanged. The requested treatment is 12 sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-216, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states; "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is in excess of the initial trials per MTUS and ODG guidelines and there is not provided any acknowledgment of exceptional factors. As such, the request for Physical Therapy for the right shoulder, three times a week for four weeks is deemed not medically necessary.