

Case Number:	CM15-0015250		
Date Assigned:	02/03/2015	Date of Injury:	03/17/2014
Decision Date:	03/19/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts

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 51 year old male, who sustained an industrial injury on March 17, 2014. He has reported left shoulder pain, neck pain, and left arm pain. The diagnoses have included left shoulder strain, neck sprain, cervical spine radiculopathy, medial epicondylitis, and lateral epicondylitis. Treatment to date has included medications, physical therapy, acupuncture, steroid injection of the shoulder, home exercises, and ultrasound studies. A progress note dated October 22, 2014 indicates a chief complaint of continued neck and left shoulder pain. Physical examination showed cervical spine tenderness with decreased range of motion, left shoulder crepitus and pain with passive range of motion, with a positive impingement sign and decreased range of motion, and elbow pain. The treating physician requested physical therapy/rehabilitation twice each week for four weeks, and a prescription for Motrin. On December 27, 2014 Utilization Review certified the request for a prescription for Motrin. Utilization Review partially certified the request for physical therapy/rehabilitation with an adjustment to once each week for two weeks, citing the MTUS ACOEM Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/rehabilitation for the left shoulder, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2)
Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for ongoing neck and left shoulder pain. Treatments have included physical therapy including a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy including a home exercise program. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Additionally, the number of additional visits requested is in excess of that recommended and therefore not medically necessary.