

Case Number:	CM15-0015579		
Date Assigned:	02/03/2015	Date of Injury:	07/25/2012
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 34 year old male, who sustained an industrial injury on July 25, 2012. The diagnoses have included right shoulder strain and pain, history of right shoulder surgery on May 29, 2013, chronic pain syndrome, neuropathic pain, and anxiety. Treatment to date has included right shoulder surgery, physical therapy, and medications. Currently, the injured worker complains of pain in the right shoulder, neck, and back of the right arm. The Treating Physician's report dated November 4, 2014, noted the injured worker with a normal and nonantalgic gait, exhibiting no pain behaviors or aberrant behaviors, moving the right arm nicely, easily, with no swelling or erythema noted on the wrist or the elbow. The Physician noted the injured worker had completed three of the eight authorized physical therapy sessions, and that they had helped him. On January 15, 2015, Utilization Review non-certified physical therapy two times a week times three weeks for the right shoulder and upper arm, noting there was no documentation of objective functional improvement with prior therapy, and it was unclear why the injured worker could not be directed to a home exercise program. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of physical therapy two times a week times three weeks for the right shoulder and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwkx3wks, right shoulder/upper arm: Upheld

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

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

Decision rationale: This 34 year old male has complained of right shoulder pain since date of injury 7/25/12. He has been treated with right shoulder surgery, physical therapy and medications. The current request is for physical therapy twice per week for 3 weeks for the right shoulder/upper arm. The patient has completed 5/8 previously authorized PT sessions. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy beyond what is already approved is not documented. On the basis of the available medical documentation and per the MTUS guidellines cited above, physical therapy 2X/ week for 3 weeks is not indicated as medically necessary.