

Case Number:	CM15-0017380		
Date Assigned:	02/05/2015	Date of Injury:	10/17/2014
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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

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 53 year old female who sustained an industrial injury on 10/17/14. She currently complains of mild, intermittent right sided cervical and shoulder pain; thoracic pain. Medications are Tramadol- acetaminophen, orpenadrine, and Etodalac. Diagnoses include right shoulder and thoracic sprain/ strain. Treatments to date include medications, physical therapy with mild benefit, moist heat and cold. Diagnostic studies were not available. Progress note dated 12/11/14 indicate that the injured worker is 50% better. The noted also requests additional physical therapy sessions noting the injured workers failure to progress and provocation of pain with functional mobility range of motion. On 12/30/14 Utilization review non-certified the request for six additional physical therapy sessions 3X2 to the right shoulder citing ODG: Shoulder Chapter regarding physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional physical therapy (3 x 2 weeks) for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

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

Decision rationale: The 53 year old patient presents with intermittent, mild and sharp right cervical, right scapular/thoracic, and right shoulder pain that is exacerbated with movement, as per progress report dated 12/11/14. The request is for SIX (6) ADDITIONAL PHYSICAL THERAPY (3X2 WEEKS) FOR THE RIGHT SHOULDER. The RFA for the request is dated 12/11/14, and the patient's date of injury is 10/17/14. Diagnoses, as per progress report, dated 12/11/14, included right shoulder sprain/strain and thoracic sprain/strain. The patient is currently working regular job duties, as per progress report dated 12/11/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has completed six session of physical therapy, as per progress report dated 12/11/14. The treater is requesting for six additional sessions to "accelerate/increase functional ROM within 80-90% of AMA guides, accelerate / increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, achieve normalization of specific test findings, decrease pain to 2/10 or less, with proper body mechanics / posture, expedite / advance expected functional capacity / status to 80-90% of normal, facilitate independence in progress home exercise program with functional emphasis, restore functional capacity to allow return to full duty." Nonetheless, the treater documents only "mild" benefits from prior therapy. Additionally, MTUS only allows 8-10 sessions in non-operative cases and the treater's current request of 6 sessions exceeds that recommendation. Hence, the request IS NOT medically necessary.