

Case Number:	CM15-0018264		
Date Assigned:	02/06/2015	Date of Injury:	06/26/2002
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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 49 year old female who sustained an industrial injury on June 26, 2002. The injured worker underwent a rotator cuff repair in February 2004 and revision in June 2004. The injured worker was diagnosed with calcifying tendinitis of the right shoulder and cervical radiculopathy. According to the primary treating physician's progress report on December 19, 2014, the injured worker continues to experience neck and shoulder pain which radiates to the right arm into her hand. On evaluation the right shoulder has atrophy including the biceps and deltoid. Pain on palpation is noted at the subacromial and distal clavicle. There are trigger points in the mid portion of the right trapezius. Flexion is noted at 120 degrees. Range of motion is limited although improved with current physical therapy modalities after 4 of the 12 authorized have been completed. Current medications consist of Acetaminophen. The treating physician requested authorization for 8 Additional Physical Therapy Visits for the Right Shoulder. On January 21, 2015 the Utilization Review denied certification for 8 Additional Physical Therapy Visits for the Right Shoulder. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy Visits 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), MTUS P.T.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT for a total of 12 sessions ending on 1/8/15 and starting in November of 2014. The summary PT note is reviewed. There is no clear documentation of objective, functional benefit gained by the worker from past PT, and the patient continues with severe pain, reduced 3/5 motor strength of the right shoulder, and significant debility. Given this lack of functional improvement, additional physical therapy is not medically necessary.