

Case Number:	CM15-0019660		
Date Assigned:	02/09/2015	Date of Injury:	07/09/2012
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 7/9/2012. The current diagnosis is right shoulder impingement syndrome. Currently, the injured worker complains of ongoing right shoulder pain. Per the progress note on 12/15/2014, the injured worker reported no direct treatment for the right shoulder to date. The treating physician is requesting 12 physical therapy sessions to the right shoulder, which is now under review. On 1/20/2015, Utilization Review had non-certified a request for 12 physical therapy sessions to the right shoulder. The physical therapy sessions were non-certified based on recent approval of physical therapy sessions, functional benefit from those six sessions need to be evaluated before further authorizations can be made. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA
MTUS Page(s): 98.

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of shoulder pain. Recommendations state that for most patients with more severe acute and subacute shoulder pain conditions therapy indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case additional therapy sessions (12) should not be certified until an evaluation of the completed therapy sessions is performed. There needs to be documented functional improvement prior to certifying additional therapy sessions. Medical necessity for the requested 12 physical therapy sessions has not been established. The requested service is not medically necessary.