

Case Number:	CM15-0116597		
Date Assigned:	07/06/2015	Date of Injury:	09/29/2014
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania, Ohio, 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 63 year old male with an industrial injury dated 09/29/2014. The injury is documented as occurring when he tripped over electrical cables and lost his balance impacting his head and right shoulder into a glass wall. His diagnoses included right shoulder strain/sprain, rule out right shoulder internal derangement, right shoulder adhesive capsulitis, rule out right shoulder rotator cuff tear and right upper extremity neuropathy head and shaft. Prior treatments included physical therapy, injections and extracorporeal shockwave therapy. He presents on 05/07/2015 with complaints of pain in right shoulder/arm. The pain is rated as 5/10 which has decreased from 6/10 since last visit. Physical exam noted tenderness to palpation of right shoulder which has remained the same since the last visit. Range of motion was restricted and supraspinatus test was positive. There was decreased range of motion and increased pain in the right shoulder. The provider documents "based on the patient's degree of progress with current treatment" a request is made for continued physical therapy. The treatment request is for physical therapy 3 times per week for 4 weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.