

Case Number:	CM15-0122707		
Date Assigned:	07/07/2015	Date of Injury:	01/26/2012
Decision Date:	08/07/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: Family Practice

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 44 year old female, who sustained an industrial injury on 1/26/2012. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having cervical sprain/strain, possible internal derangement and right shoulder status post arthroscopy. There is a reference to a normal electromyography (EMG). Treatment to date has included left shoulder surgery, right shoulder surgery, physical therapy and medication management. In a progress note dated 5/28/2015, the injured worker complains of neck stiffness, bilateral wrist numbness and tingling and right shoulder pain and stiffness. Physical examination showed right shoulder tenderness and decreased range of motion. The treating physician is requesting 12 sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Right Shoulder 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, traction.

Decision rationale: This patient receives treatment for chronic shoulder pain. This relates back to a work-related injury on 01/26/2012. The medical diagnoses include cervical strain and bilateral shoulder injuries. This review addresses a request for 12 sessions of physical therapy for the R shoulder. The patient underwent surgical treatment of both shoulders: the L shoulder on 12/24/2012 and the R shoulder on 01/12/2012. The patient did receive physical therapy post-operatively; however, the number of sessions and response to that treatment is not documented. The treatment guidelines recommend physical therapy post-operatively for up to 6 months. This operation occurred more than a year ago. Additional PT is not medically necessary.