

Case Number:	CM15-0123100		
Date Assigned:	06/30/2015	Date of Injury:	02/13/2015
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
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: 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 38 year old male who sustained an industrial injury on 2/13/15. He had complaints of right shoulder pain and was diagnosed with right shoulder strain. Treatments included anti-inflammatory medication, physical therapy and cortisone injections. Orthopedic consultation note dated 5/20/15 reports continued complaints of right shoulder pain. Diagnoses include right shoulder impingement syndrome and acromioclavicular joint arthritis. Plan of care includes: request an additional 12 physical therapy visits to focus on stretching and strengthening. Work status; return to work with restrictions of no lifting, pushing or pulling more than 20 pounds with no work at or above shoulder levels of right arm. Follow up in 4 weeks, if he remains symptomatic, surgical treatment will be discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive additional 12 PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy right shoulder x 12 is not medically necessary or appropriate.