

Case Number:	CM15-0127617		
Date Assigned:	07/14/2015	Date of Injury:	06/20/2014
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 6/20/2014, resulting from cumulative trauma. She reported neck pain with radiation to her right shoulder and down her right arm. The injured worker was diagnosed as having cervical radiculopathy, shoulder pain, displacement of cervical intervertebral disc without myelopathy, and neck pain. Treatment to date has included diagnostics, acupuncture, physical therapy, home exercise program, and medications. Currently (6/11/2015), the injured worker complains of slightly improved neck pain but terrible shoulder pain. She reported numbness in her right arm, but not daily. Acupuncture was helping. The impression was right shoulder impingement, possible rotator cuff tear. Her work status was total temporary disability. She received an ultrasound guided right subacromial space corticosteroid injection on 6/15/2015. Magnetic resonance imaging of the right shoulder results were documented. Physical therapy notes were submitted from 12/2014 to 2/2015 (at least 12). The treatment plan included additional physical therapy for the right shoulder x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy sessions for 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) Work Loss Data Institute. Shoulder (Acute & Chronic) ODG, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, physical therapy.

Decision rationale: The case involves a chronic work related injury resulting in shoulder symptoms. The provided records do not clearly indicate evidence of objective functional improvement after prior sessions of physical therapy or indication of number of PT visits previously completed. The MTUS does not specifically recommend physical therapy for chronic shoulder injuries. The ODG shoulder chapter recommends physical therapy for unspecified shoulder arthropathy with a total of 9 visits over 8 weeks. Home exercise should be encouraged. Overall, the guidelines do not recommend continued therapy without evidence of functional improvement, and in this case, 12 further visits without further plan to follow up and re-evaluate for functional improvement prior to completion of the sessions is not medically necessary.