

Case Number:	CM15-0130092		
Date Assigned:	07/16/2015	Date of Injury:	03/05/2014
Decision Date:	11/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, 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:

This is a 44 year old male patient, who sustained an industrial injury on March 5, 2014. He sustained the injury due to handling a heavy camera case. The diagnoses include left adhesive capsulitis and right shoulder impingement syndrome and rotator cuff syndrome. Per the doctor's note dated 9/4/2015, he had complaints of bilateral shoulder pain. He attempted home exercise program, which made his symptoms and pain worse. The physical examination of the bilateral shoulders revealed no tenderness or crepitus, positive Hawkin's and Neer's test on the right side and limited range of motion on the right side. The medications list includes Celebrex, Advil, ibuprofen, Voltaren, Ultracet, Ambien and Norco. He has had right shoulder X-ray on 6/1/15 with normal findings; left shoulder MRI on 4/25/2014; right shoulder MRI dated 6/9/2015, which revealed mild degenerative changes of the acromioclavicular joint. He has undergone left shoulder arthroscopic surgery with subacromial decompression and lysis of adhesions on 1/15/2015. He has had home exercise program, physical therapy visits and cortisone injection on the left shoulder on 9/12/14; right shoulder cortisone injection on 6/12/15 for this injury. The treatment plan that was requested for authorization on July 6, 2015, included six physical therapy sessions twice weekly for the right shoulder. On June 8, 2015, a request for 6 sessions of physical therapy twice weekly for the right shoulder was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, right shoulder QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Request: Physical therapy, twice weekly, right shoulder QTY: 6.00. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The specific number of physical therapy visits for the right shoulder since the date of injury in 3/2014 is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy, twice weekly, right shoulder QTY: 6.00 is not established for this patient at this time. The request is not medically necessary.