

Case Number:	CM15-0175655		
Date Assigned:	09/17/2015	Date of Injury:	05/07/2015
Decision Date:	11/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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 55 year old female who sustained an industrial injury on 5-7-15. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder impingement syndrome. Medical records dated 7-29-15 indicate the injured worker "is doing extremely well with minimal residual soreness." Records indicate improving of the injured workers activities of daily living. Provider documentation dated 7-29-15 noted the work status as "return to full duty without limitations or restrictions." Treatment has included physical therapy, right shoulder magnetic resonance imaging, Cyclobenzaprine since at least May of 2015, and Nabumetone since at least May of 2015. Objective findings dated 7-29-15 were notable for neurological examination of upper extremities noted as "within normal limits", motor strength rated at 5 out of 5 and deep tendon reflexes rated 2 out of 4. The original utilization review (8-13-15) denied a request for Physical therapy 3-week session for 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 week session for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical therapy.

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

Decision rationale: The patient presents with pain in the right shoulder. The request is for physical therapy 3 week sessions for the right shoulder. Examination to the right shoulder on 07/29/15 revealed a full range of motion. Per 07/29/15 Request For Authorization, patient's diagnosis includes R shoulder region dis nec. Patient's work status is regular duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In 07/29/15 progress report, the treater states that the patient is doing extremely well and one three-week sessions of physical therapy should be all she needs to return to full function. Review of the medical records provided indicates that the patient has completed 14 sessions of physical therapy. In this case, it appears that the patient has had adequate therapy for the shoulder. The treater, however, has not documented why the patient cannot transition into a home based exercise program. Furthermore, MTUS guidelines allow up to 10 sessions of physical therapy and the current request, in addition to prior visits exceeds what is allowed by the guidelines. Therefore, the request is not medically necessary.