

Case Number:	CM15-0179584		
Date Assigned:	09/21/2015	Date of Injury:	02/28/2013
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, 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 28year old female, who sustained an industrial injury on 2-28-13. Medical record indicated the injured worker is undergoing treatment for right shoulder SLAPS tear and neck pain. Treatment to date has included physical therapy, right shoulder arthroscopic surgery, acupuncture and medications. Right shoulder arthrogram performed on 2-16-15 revealed focal posterolateral labral irregularity and adjacent paralabral cyst consistent with a focal tear or perforation and minimal subacromial bursitis. Currently on 8-6-15, the injured worker complains of right shoulder pain along with neck pain which is unchanged from previous visit. It is noted she just found out she is pregnant. Physical exam performed on 8-6-15 revealed right shoulder swelling, minimal tenderness, slight decreased range of motion and slight decrease in strength. The treatment plan included physical therapy 2 times a week for 6 weeks. On 8-12-15, utilization review non-certified physical therapy 2 times a week for 6 weeks noting the injured worker was noted to no better or worse, no significant clinical information noted that would support a specific indication for ongoing physical therapy and there was a minimal degree of limited motion of the shoulder and neck with no described radiculopathy. There is no clear indication for the utilization of the degree of therapy as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two times a week, for six weeks for the neck, QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, only 1-2 visits are required for education with therapist and then further physical therapy can be completed at home. In this case, there is no indication that therapy cannot be performed at home. The MTUS guidelines allows for up 8-10 sessions. The request for 12 sessions of therapy exceed the guidelines limit and is not medically necessary.