

Case Number:	CM15-0092158		
Date Assigned:	05/18/2015	Date of Injury:	05/30/2011
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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 48 year old female, who sustained an industrial injury on 05/30/2011 the injured worker was noted to have felt a pop in right arm, while opening boxes with a blade, she was diagnosed with a shoulder/arm sprain. On provider visit dated 03/16/2015, no examination was recorded. The diagnoses have included shoulder joint pain, disorder of bursa of shoulder region, chronic pain syndrome, right shoulder complex regional pain syndrome type I and mononeuritis. Treatment to date has included medication and injections. MRA of the shoulder 02/13/2015 revealed persistent mild undersurface and intrasubstance partial thickness interstitial tears in infraspinatus similar to prior comparison examination without full thickness tears or retraction and no evidence of a labral tear. The provider requested physical therapy for the right shoulder - 12 visits (2 times a week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder - 12 visits (2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to a progress note on 2/18/15, the claimant had completed a course of therapy without improvement in neck or shoulder pain. There was no indication that additional therapy cannot be completed at home. The therapy is intended to be performed in a fading frequency. The request for 12 sessions of therapy exceeds the amount recommended in the guidelines and is not medically necessary.