

Case Number:	CM15-0097331		
Date Assigned:	05/28/2015	Date of Injury:	02/06/2015
Decision Date:	10/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female, who sustained an industrial injury on 2-6-15. Medical record indicated the injured worker is undergoing treatment for traumatic right rotator cuff tear, right shoulder internal impingement of right biceps, right shoulder muscle strain, thoracic spine strain, lumbar muscle strain and neck muscle strain. Treatment to date has included physical therapy, steroid injection to joint and home exercise program and activity modifications. On 4-10-15, she noted no improvement in symptoms but she is now better able to negotiate stairs, still has lower back pain without radiation and has pain from right shoulder to right arm and into shoulder blade. On 5-1-5-15, the injured worker noted mild lower back pain without radiation and no pain in right shoulder. On 5-1-15, she had completed 10 of 12 physical therapy visits. She noted improvement following shoulder injection. She is currently not working. Physical exam dated 5-1-15 noted decreased range of motion of right shoulder with tenderness to palpation of subacromial, right trapezius, acromioclavicular joint, right biceps and bicep tendon insertion; cervical range of motion was normal, tenderness to palpation of lumbar and paralumbar spine along with sacroiliac joint is also noted and physical exam dated 5-12-15 revealed full range of motion, full strength of muscles, no pain at acromioclavicular joint and negative impingement. The treatment plan included a recommendation for physical therapy. On 5-12-15, utilization review non-certified 6 sessions of addition of physical therapy noting medical necessity was not established in the presented documentation, no body part was noted for physical therapy and no range of motion or quantified improvements were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 sessions (no body part noted): 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), Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for right shoulder and low back pain. When seen, she had completed 10 physical therapy treatments. There had been some improvement in spine pain. She was having right shoulder pain with movements. Physical examination findings included a BMI of over 41. There was decreased and painful shoulder range of motion with tenderness. There was thoracic and lumbar tenderness and mild left sacroiliac joint tenderness with decreased and painful range of motion. Additional physical therapy was requested. Guidelines recommend up to 10-therapy treatment sessions over 5 weeks for a lumbar strain and up to 10 therapy treatment sessions over 8 weeks for rotator cuff impingement. Only partial concurrent care would be expected. In this case, although the number of treatments being request is within the guidelines recommendation, the claimant had not completed the initial 12 treatments that were approved. This request for additional therapy without establishing whether it was necessary or likely to be effective was not medically necessary.