

Case Number:	CM15-0098309		
Date Assigned:	05/29/2015	Date of Injury:	12/12/2007
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

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, 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 52 year old male, who sustained an industrial injury on December 12, 2007. The injured worker was diagnosed as having right shoulder rotator cuff tendinopathy, impingement syndrome and partial tendon tear. Treatment to date has included injection and medication. A progress note dated April 16, 2015 the injured worker complains of continued headaches and neck, back and knee pain. Of note is documentation of, "significant improvement in his right shoulder symptoms following cortisone injection at his previous visit." Physical exam notes right shoulder tenderness and impingement, lumbar tenderness, bilateral knee tenderness and decreased sensation to pinprick of the hands with positive Phalen's test. The plan includes physical therapy of the right shoulder, psychological evaluation surgical evaluation, pain management and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions the patient has previously undergone, if any. If the patient is not undergone therapy previously, the currently requested 12 visits, exceeds the 6-visit trial recommended by guidelines. If the patient has undergone previous therapy, there is no documentation of objective functional improvement as well as ongoing objective treatment goals which would be unable to be addressed with an independent home exercise program. In the absence of clarity regarding those issues, the current request for physical therapy is not medically necessary.