

Case Number:	CM15-0098369		
Date Assigned:	05/29/2015	Date of Injury:	10/02/2014
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
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: Preventive Medicine, Occupational Medicine

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 56 year old male injured worker suffered an industrial injury on 10/02/2014. The diagnoses included chronic right shoulder impingement with adhesive capsulitis, lumbar myofascial pain. The diagnostics included right shoulder magnetic resonance imaging. The injured worker had been treated with medications and cortisone injections. On 4/21/2015, the treating provider reported he continued to have severe right shoulder pain, stiffness and weakness along with ongoing low back pain with radicular pain. A short trial of prior physical therapy was unsuccessful due to increased pain from a component of capsulitis. On exam, the shoulder had positive impingement signs. The lumbar spine had diffuse tenderness and limited range of motion with positive straight leg raise. A cortisone injection to the shoulder was given at this visit. The treatment plan included Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Right Shoulder and Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back/Shoulder - Physical Therapy.

Decision rationale: MTUS Guideline support limited therapy, but they do not provide any detail regarding what is considered a reasonable amount for this individual's condition. Official Disability Guidelines address this issue in detail and they recommend up to 10 sessions of therapy as adequate for both the shoulder and low back working diagnosis. There is no rationale given by the requesting physician that supports exceeding guideline recommendation. The request for physical therapy 3X4 for the right shoulder and lumbar spine is not supported by guidelines and is not medically necessary.