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| Case Number: | CM14-0145729 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/04/2014 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 31 year-old female with date of injury 02/18/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/24/2014, lists subjective complaints as pain in the right shoulder. Objective findings include an examination of the right shoulder which revealed tenderness to palpation over the acromioclavicular joint. Impingement test, Neer test, Hawkins test, and Empty-Can supraspinatus test were all negative. Range of motion was within normal limits. Diagnosis includes right shoulder impingement syndrome with tendinitis/bursitis. The patient has completed 8 sessions of physical therapy for the right shoulder to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 sessions, RFA 3/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for

restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. In this case, there is no documentation of objective functional improvement. Therefore, the request for additional 6 physical therapy sessions is not medically necessary.

Home exercise kit of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009, Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: The MTUS Guidelines and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor are not medically necessary. Therefore, this request is not medically necessary.

Physical therapy, 6 sessions, RFA 3/17/14:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. In this case, there is no documentation of objective functional improvement. Therefore, the request for additional 6 physical therapy sessions is not medically necessary.