

Case Number:	CM14-0140202		
Date Assigned:	09/08/2014	Date of Injury:	11/10/2013
Decision Date:	11/17/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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: Internal 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 injured worker is a 28 year old female who sustained an industrial injury on 11-10-13. The injured worker reported right upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder pain with possible internal derangement. Medical records dated May of 2014 indicate increased pain which interferes with sleep. Provider documentation dated 5-1-14 noted the work status as remain off work until "unknown". Treatment has included a sling, shoulder magnetic resonance imaging, physical therapy, home exercise program, injection therapy, electrotherapy, and activity modification, Naproxen since at least November of 2013, Baclofen since at least November of 2013 and Hydrocodone since at least November of 2013. Objective findings dated 5-23-14 were notable for acromioclavicular tenderness, limited range of motion, and positive impingement. The original utilization review (8-12-14) denied a request for Additional physical therapy, 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section page 1356.

Decision rationale: The section in AECOM states that the recommended medical treatment for soft tissue and non-surgical treatment is passive from at home with pendulum and wall crawl with the extremity and also strengthening and stabilization exercises. Optional treatment included heat or cold applications and a short course of PT. In the section in the ODG we note that PT treatment should be 1-3 visits a week with self directed home PT taught and that the treatments should be 10 over an 8 week course. The goal of PT is to limit it to a specific time period and to establish a home regimen of exercises and soft tissue modality techniques. Once the techniques are learned recurrences should be managed at home by the PT exercises and techniques already learned. Our patient has already had a full course of PT for his problem. Therefore, the UR was justified in its refusal of another course of PT, therefore is not medically necessary.