

Case Number:	CM13-0029722		
Date Assigned:	11/01/2013	Date of Injury:	01/19/2005
Decision Date:	05/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 53 year old woman with a date of injury of 1/19/05. She was seen for a comprehensive orthopaedic evaluation on 8/14/13 complaining of bilateral shoulder pain. She has noted a flare in her pain when she is more active. Her activities included shopping and carrying / unloading groceries. Her physical exam showed left shoulder elevation to 130 degrees, abduction to 60 degrees and external rotation to 30 degrees. She was tender over her biceps and supraspinatus with a painful O'Brien test and positive Yergason and Speed tests. She was felt to have adhesive capsulitis and is status post shoulder surgery. Physical therapy was recommended to try to 'restore motion' and help with ADLs "including shopping, cleaning, driving etc. At issue in this review are physical therapy and home health aide requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 6 FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. She is able to leave her home and go shopping. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic shoulder pain. Therefore the request is not medically necessary.

HOME HEALTH CARE 6-8 HOURS A DAY FOR 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. She is able to leave her home and go shopping. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic shoulder pain. Therefore the request is not medically necessary.