

Case Number:	CM14-0018265		
Date Assigned:	04/21/2014	Date of Injury:	08/30/2007
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 08/30/2001. The injured worker has had a painful condition, including both of the shoulders, and was seen for an evaluation on 12/11/2013. The injured worker was seen again on 01/17/2014 for a re-check of her painful condition involving the bilateral shoulders. The injured worker was noted to have right shoulder full range of motion, with slight pain with abduction. The Neer and Hawkins sign test were positive, and negative on the left shoulder. The injured worker has reportedly undergone rotator cuff repair for both of the shoulders, and has had continued pain. As of 01/22/2014, the injured worker was approximately 8 months postop for surgery, involving open procedure of the left shoulder. The injured worker had completed approximately 36 sessions of postoperative physical therapy, with the last course completed on 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X WEEK FOR 4 WEEK FOR BILATERAL SHOULDERS:

Upheld

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

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

Decision rationale: Because the injured worker has finished her postoperative physical therapy, the regular California MTUS Guidelines have been referred to, which state that active therapy is based on the philosophy that exercises and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are typically instructed and expected to continue with their exercises in an at-home setting, as an extension of their treatment process in order to maintain improvement levels. With the injured worker having already completed 36 sessions of postoperative physical therapy, and without a comprehensive physical examination providing quantitative measurements pertaining to the injured worker's range of motion, pain level, and inability to complete activities of daily living due to the lack of strength and mobility in the bilateral upper extremities, the requested service is not considered medically necessary.