

Case Number:	CM14-0116651		
Date Assigned:	08/04/2014	Date of Injury:	01/26/1995
Decision Date:	09/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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, Pain 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:

The injured worker is a 49-year-old female who reported an injury on 01/26/1995. The mechanism of injury was not provided within the documentation. Her diagnoses were noted to be status post right shoulder arthroscopy with decompression, acromioplasty, distal clavicle excision, and type III acromion morphology with left shoulder impingement. She was noted to have diagnostic testing including MRIs. A clinical evaluation on 04/30/2014 notes the injured worker with left shoulder pain. The physical examination notes flexion limited in only 90 degrees forward, abduction 95 degrees with positive provocative Neer's test, Hawkins test, and impingement signs. The treatment plan is for a subacromial injection and physical therapy. The rationale for the request was noted within the review. A request for authorization form was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Shoulders), Quantity 12: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. Active requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process and in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine. The guidelines allow for 9 to 10 visits over 8 weeks. The injured worker's clinical evaluation does not support functional deficits. She did not have a significant impairment with range of motion or loss of strength. In addition, the provider's request is in excess of the recommended visits according to the guidelines. Therefore, the request for physical therapy to the shoulders quantity 12 is not medically necessary.