

Case Number:	CM14-0029503		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2010
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of June 7, 2010. An Agreed Medical Re-Examination dated January 7, 2014 identifies an Interim History since the last evaluation. The patient has had twelve (12) additional sessions of physical therapy. There are current orthopedic complaints of constant pain in the left shoulder, which were described as a dull to sharp pain. The pain is aggravated with repetitive motion and activity or inactivity. A Physical Examination identifies decreased range of motion. There was a painful arc against resisted abduction on the left. There was myofascial tenderness to palpation bilaterally of the trapezius. The Impingement test is positive on the left. An impression identifies status post left shoulder rotator cuff repair in June 2013, with no evidence of recurrent rotator cuff tear. Future Medical Care identifies she should be afforded six (6) sessions of physiotherapy for each acute exacerbation or aggravation, and should be taught a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 113-114, Chronic Pain Treatment Guidelines Page(s): 104.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines have more specific criteria for the ongoing use of physical therapy. The Official Disability Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.