

Case Number:	CM14-0033070		
Date Assigned:	04/30/2014	Date of Injury:	10/31/2011
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 46 year old female who reported an injury on 10/31/2011. On 01/09/2014 the claimant reported left shoulder pain and stiffness. She rated the pain 7/10 and uses Norco, Morphine and Flexeril to manage the pain. The claimant is status post left shoulder arthroscopic surgery and off of work. The objective findings indicated tenderness over the superior aspect of left shoulder and active range of motion was 118 degrees with flexion and 108 degrees with abduction. The plan was to finish the physical therapy as to continue to meet goals of decreased pain and increase strength. There was not an authorization for medical treatment included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 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 active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process 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 therapy guidelines also 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 efficacy of the prior therapy was unclear within the provided documentation. In this case, the patient does not have documented functional deficits. The patient is managing pain with medication and it was unclear why a home exercise program would not be appropriate. Therefore, the request for physical therapy three times a week for four weeks is not medically necessary and appropriate.