

Case Number:	CM14-0035005		
Date Assigned:	06/23/2014	Date of Injury:	07/26/2011
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 60-year-old female who reported an injury on 07/26/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder that ultimately resulted in surgical intervention in 11/2013. The injured worker's postsurgical treatment history included physical therapy, medications, and corticosteroid injections. The injured worker's most recent clinical evaluation submitted for review was dated 02/19/2014. It was noted that the injured worker had a few days of pain relief from the previous corticosteroid injection with a reported pain level of 5/10. Physical findings included restricted range of motion secondary to pain. It was noted that the injured worker was participating in physical therapy and had approximately 3 sessions of therapy left. The injured worker's diagnoses included impingement syndrome and pain in shoulder joint. The injured worker's treatment plan included additional physical therapy 3 times a week for 4 weeks to increase flexibility and build up strength. No Request for Authorization Form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x week for 4 weeks to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested additional physical therapy 3 times a week for 4 weeks to the right shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical information indicates that the injured worker is already participating in physical therapy and has 3 remaining sessions. The injured worker should be well versed in a home exercise program. There are no factors to preclude further progress of the patient while participating in a home exercise program. Therefore, additional physical therapy is not supported. As such, the requested additional physical therapy 3 times a week for 4 weeks to the right shoulder is not medically necessary or appropriate.