

Case Number:	CM14-0089867		
Date Assigned:	09/10/2014	Date of Injury:	01/07/2010
Decision Date:	10/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury on 01/07/10 and continues to be treated for right shoulder pain. She underwent right shoulder arthroscopy on 11/12/13. She had postoperative physical therapy and as of 01/03/14 had completed 10 treatments. There had been improvement in range of motion. Physical examination findings included right shoulder tenderness and bilateral cervical paraspinal, and upper trapezius muscle tightness and tenderness with trigger points. Recommendations included continued physical therapy. She continued at temporary total disability. On 03/28/14 six additional sessions of physical therapy had been approved. She was having ongoing neck and shoulder pain. Use of TENS and cervical traction had been helpful. On 04/11/14 she was performing a home exercise program. On 05/27/14 she had completed all of the authorized therapy visits. She was having persistent right shoulder and neck pain. Work restrictions had not been accommodated. On 05/21/14 she was having moderate pain with activity with stiffness and weakness. Recommendations included continued exercises that had been learned in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x6 treatments (right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant is more than 4 years status post work-related injury and nearly one year status posts uncomplicated right shoulder arthroscopic surgery. Treatments have included 16 physical therapy visits including a home exercise program with reported benefit. She has ongoing stiffness and weakness. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program.