

Case Number:	CM14-0187661		
Date Assigned:	11/18/2014	Date of Injury:	10/04/2004
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 63-year-old woman with a date of injury of 10/04/2004. The submitted and reviewed documentation did not identify the mechanism of injury. The treating physician's documentation dated 03/31/2014 reported the worker was experiencing left arm weakness. The documented examination described mild tenderness over the subacromial bursa and rotator cuff and mild decreased shoulder joint motion. Treatment recommendations included an ergonomic evaluation of her home work station and continued home exercise program. The treating physician's documentation dated 10/24/2014 indicated the worker was experiencing on-going left shoulder and arm pain and weakness. The documented examination described decreased left shoulder joint motion. These records concluded the worker was suffering from shoulder synovitis, sacroiliac sprain/strain, and radicular syndrome of the upper extremities. Treatment recommendations included an ergonomic home work station, a combination non-steroidal anti-inflammatory and histamine H2-receptor antagonist medication, and physical therapy twice weekly for six weeks. The Utilization Review noted the worker had recently completed 8 sessions of supervised physical therapy, but the submitted and reviewed documentation did not discuss a recent course of physical therapy. A Utilization Review decision was rendered on 10/31/2014 recommending non-certification for 12 visits of physical therapy for the left shoulder. The ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Integrated Treatment /Disability Duration Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of Physical Therapy to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-219, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. While the ACOEM Guidelines recommend exercises for improving shoulder motion and strength, these often can be performed in the home after brief education. However, this type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from shoulder synovitis, sacroiliac sprain/strain, and radicular syndrome of the upper extremities. Treatment recommendations included a continued home exercise program. There was no discussion detailing the reason(s) additional supervision was needed to support this request. In the absence of such evidence, the current request for twelve physical therapy sessions for the left shoulder is not medically necessary.