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| Case Number: | CM14-0195616 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 01/12/2006 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 Nephrology 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 61-year-old female with a 1/12/06 date of injury. According to a progress report dated 12/10/14, the patient complained of ongoing discomfort in her right shoulder. Her main concern was right shoulder pain and loss of motion. She stated that she was having pain with performing most of her daily activities. She described her pain as a 7/10 at rest, increasing to an 8/10 with activity. With medication, her pain at rest was a 4/10, and 5-7/10 with activity. Objective findings: tenderness to palpation of the greater tuberosity and trapezius, limited right shoulder range of motion, stable shoulder on examination, normal sensation. Diagnostic impression: status-post right shoulder arthroscopy with rotator cuff repair on 2/16/10, tendonitis and decreased range of motion of right shoulder, right carpal tunnel release on 7/29/10. The treatment to date includes medication management, and activity modification, surgery. A UR decision dated 11/18/14 denied the request for 8 physical therapy visits for the right shoulder. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Shoulder Chapter - Physical Therapy

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has a 2010 date of injury and has likely had prior physical therapy treatment. Guidelines support up to 19 visits over 8 weeks for shoulder sprains. There is no documentation of functional improvement from previous treatment. In addition, it is unclear why she has been unable to transition to an independent home exercise program at this time. Therefore, the request for 8 physical therapy visits for the right shoulder was not medically necessary.