

Case Number:	CM14-0049853		
Date Assigned:	07/23/2014	Date of Injury:	08/14/2013
Decision Date:	03/19/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 8/14/2013. The diagnoses have included lumbar strain/impingement and rotator cuff shoulder syndrome. Treatment to date has included medications, physical therapy and modified activity. Currently, the IW complains of pain and limited use and increased swelling. Objective findings included marked restriction of range of motion to the left shoulder. On 4/07/2014 Utilization Review non-certified a request for physical therapy (3x3) for the left shoulder. The MTUS, ACOEM Guidelines, and ODG were cited .On 4/26/2014, the injured worker submitted an application for IMR for review of physical therapy 3x3 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Physical therapy 3x3 (9) for the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for chronic shoulder pain with a diagnosis of rotator cuff syndrome. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Additionally, the number of additional visits requested is in excess of that recommended and therefore not medically necessary.