

Case Number:	CM14-0083575		
Date Assigned:	07/21/2014	Date of Injury:	08/30/2012
Decision Date:	05/01/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 55 year old male, who sustained an industrial injury on 08/30/2012. Initial complaints and initial diagnoses were not provided. Treatment to date has included conservative care, medications, and physical therapy. At the time of the request for authorization, the injured worker complained of continued persistent right shoulder pain when raising right arm above shoulder level. Current diagnoses include right shoulder adhesive capsulitis, status post right shoulder rotator cuff region, and right shoulder impingement syndrome. The treatment plan consisted of 12 sessions of physical therapy for the right shoulder, MRI of the right shoulder, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment Page(s): 130.

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

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic right shoulder pain. Prior treatments have included physical therapy. 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. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the request for Physical Therapy 2 x week for 6 weeks is not medically necessary.