

Case Number:	CM15-0000151		
Date Assigned:	01/09/2015	Date of Injury:	04/19/2008
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old female with a date of injury as 04/19/2008. The worker sustained injuries to the right shoulder, clavicle, neck, mid/low back, and right hand when loading a dead dog into a truck. The current diagnoses include right shoulder rotator cuff tear and right shoulder glenohumeral degenerative joint disease. Previous treatments include medications, physical therapy, acupuncture, and shoulder surgery. Primary treating physician's reports dated 10/10/2014 and 12/09/2014, secondary treating physician's report dated 12/30/2014, and psychological pain management progress report dated 11/06/2014 were included in the documentation submitted for review. Report dated 12/30/2014 did not include objective or subjective findings. Report dated 12/09/2014 indicates that the injured worker presented with increased low back pain, muscle spasms, and difficulty with standing and weight bearing. Physical examination revealed paraspinal muscle spasms with loss of range of motion in all plans, shoulder pain with range of motion and crepitus. Of note much of this report is illegible. A written prescription for the physical therapy dated 12/09/2014 was submitted for review, cervical spine, and rotator cuff were two of the areas that the physical therapy was prescribed for the rest of the script was not legible. The amount of the previously prescribed physical therapy was not included, nor was the number of visits completed, and no progress notes from prior physical therapy was submitted. The injured worker is retired. The utilization review performed on 12/19/2014 non-certified a prescription for physical therapy based on the request does not indicate which body part and the injured worker has exceed the recommended amount of post-

operative physical therapy. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-4, 210, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Part 1 pg 10-11; Part 2 pg 98-9.

Decision rationale: Physical treatment for musculoskeletal disorders can be active or passive. Physical therapy is an active therapy directed towards specific goals of improving mobility and function while decreasing pain. It is done both in the Physical Therapist's office and at home and is more likely to result in a return to functional activities than passive therapies. As specified in the MTUS, goal directed physical therapy should be apparent by 24 sessions or, if begun after surgery, then within the post-surgery period. The sessions are commonly divided into 2-3 sessions per week. This patient has already received 28 episodes of physical to her right shoulder and 34 post-operative visits to her right shoulder but only 6 visits for her lower back. The request for physical therapy is noted on the medical record dated 9 Dec 2014. The only diagnoses given for that request were related to the patient's right shoulder injury. She has already had more than the maximum recommended physical therapy visits for that injury and is not in a post-surgical period. Unless a new injury has occurred to the right shoulder there is no indication that more physical therapy will give the patient a better outcome. Medical necessity for this treatment has not been established.