

Case Number:	CM15-0003737		
Date Assigned:	01/14/2015	Date of Injury:	10/28/2005
Decision Date:	08/31/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 10/28/05. The diagnoses have included left shoulder internal derangement, cervical discopathy and radiculopathy, and lumbar discopathy and radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, consultations, Transcutaneous electrical nerve stimulation (TENS), physical therapy, other modalities, and home exercise program (HEP). Currently, as per the physician progress note dated 11/18/14, the injured worker complains of pain in the left shoulder that is unchanged from previous visits. The physical exam reveals blood pressure is 142/104, pulse is 73, height is 5 feet 5 inches and weight is 132.2 pounds. There are no other physical findings noted. The diagnostic testing included Magnetic Resonance Imaging (MRI) of the left shoulder with arthrogram. There was previous therapy sessions noted. The physician requested treatment included Physical therapy for the left shoulder three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, for the left shoulder, three times a week for four weeks: 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) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits for the left shoulder in this individual with chronic pain. Therefore the request is not medically necessary.