

Case Number:	CM15-0004392		
Date Assigned:	01/15/2015	Date of Injury:	11/19/2013
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 52 year old female, who sustained an industrial injury on November 19, 2013. She has reported left shoulder pain and was diagnosed with rotator cuff syndrome. Treatment to date has included physical therapy, radiographic imaging, diagnostic studies, psychological evaluation, psychological therapy and pain medications. Currently, the IW complains of continued left shoulder pain. The IW reported an industrial injury on November 19, 2013. She continued to have left shoulder pain and weakness and started physical therapy. On October 30, 2014, after 6 physical therapy treatments she reported improved pain and range of motion. On November 5, 2014, evaluation revealed a significant improvement with physical therapy treatment. On December 8, 2014, evaluation revealed a continued improvement with therapy of the left shoulder. On December 16, 2014, Utilization Review non-certified a request for continued physical therapy of the left shoulder, noting the MTUS and ACOEM Guidelines were cited. On December 17, 2014, the injured worker submitted an application for IMR for review of requested continued physical therapy of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (left shoulder) 1 x 3: Upheld

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

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

Decision rationale: This patient's treating diagnoses include impingement syndrome of the left shoulder and a rotator cuff strain. The patient was seen in orthopedic followup 12/08/2014, at which time she was noted to be continuing to make significant improvement in physical therapy to the left shoulder. Range of motion and pain had both improved. The patient demonstrated 170 degrees forward flexion and 170 of abduction at that time, with no impingement findings and with no pain with resisted abduction or forward flexion. The treating orthopedist recommended that the patient continue with her physical therapy which had been extremely beneficial. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends transition to independent, active home rehabilitation. The medical records indicate that this patient has done extremely well in physical therapy; the goals of such therapy would be anticipated to include transition to an independent home rehabilitation program. Considering the progress that the patient made in therapy, it is unclear why additional supervised, as opposed to independent home, rehabilitation would be necessary. This request is not medically necessary.