

Case Number:	CM15-0005680		
Date Assigned:	03/09/2015	Date of Injury:	04/09/2012
Decision Date:	05/01/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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 (IW) is a 39-year-old female who sustained an industrial injury on 04/09/2012. Diagnoses include thoracic sprain and osteoarthritis, localized, primary, involving the forearm. Treatment to date has included medications, trigger point injections, shoulder joint injections and physical therapy (PT). Diagnostics performed to date included x-rays and MRIs. According to the progress report dated 10/9/14, the IW reported bilateral shoulder pain, rated 6/10 on the right and 9/10 on the left. She was status post right rotator cuff surgery and had a recent fall that caused increased pain in the right shoulder. A request was made for PT once weekly for eight weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x8 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Rotator cuff syndrome/Impingement syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(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 in this individual with chronic pain. Therefore, this request is not medically necessary.