

Case Number:	CM15-0008719		
Date Assigned:	01/26/2015	Date of Injury:	05/20/2003
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona
 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 is a 53-year-old female who reported an injury on 05/20/2003. The mechanism of injury was not specifically stated. The current diagnoses include localized secondary osteoarthritis of the shoulder, status post right shoulder arthroplasty with rotator cuff weakness and left shoulder arthritis. The injured worker presented on 12/16/2014 for a followup evaluation regarding the right shoulder. It was noted that the injured worker was status post right shoulder arthroplasty for end stage arthritis. The injured worker had inflammation and subsequent discontinuation of physical therapy. Upon examination, there was limited range of motion secondary to stiffness, excellent alignment of the right shoulder prosthesis, flexion at 70 degrees, abduction at 70 degrees, external and internal rotation at 20 degrees, and rotator cuff weakness at 3/5. The injured worker reported worsening pain in the left shoulder. Radiographs have been confirmatory of incision arthritis of the left shoulder. The injured worker was advised to continue a physical therapy program for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Session to The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of the previous course of physical therapy for the left shoulder. Without evidence of objective functional improvement following the initial treatment, additional physical therapy sessions would not be supported. Given the above, the request is not medically appropriate at this time.