

Case Number:	CM15-0107167		
Date Assigned:	06/11/2015	Date of Injury:	07/17/2001
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury on 07/17/2001. The injured worker was diagnosed with rotator cuff tear and repair, knee, neck and shoulder pain. The injured worker underwent right shoulder arthroscopy for rotator cuff repair in 2002; right elbow surgery for biceps rupture in February 2013 and right arthroscopic knee surgery in March 2014. Treatment to date includes diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience bilateral shoulder and knee pain. The injured worker rates his pain level at 1/10 with medications and 4/10 without medications. Examination of the cervical spine is restricted with pain with paravertebral muscles being normal. The left shoulder revealed tenderness in the acromioclavicular joint, biceps groove and glenohumeral joint with restricted abduction movement due to pain. Hawkin's, Speed's and Yergason's tests were negative with empty cans test noted as positive. Motor examination of the right shoulder documented extension rotation at 4/5 bilaterally. The right shoulder had no tenderness with full unrestricted range of motion. Current medication is listed as Tramadol. Treatment plan consists of left shoulder magnetic resonance imaging (MRI) and the current request for physical therapy, 12 sessions, for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy session for Left Shoulder, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), active therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for shoulder and knee pain. When seen, there had been no new injury. He had recently completed 7 physical therapy sessions. There was decreased cervical and left shoulder range of motion with pain. There was positive right shoulder impingement testing and positive left shoulder empty can testing. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy is not medically necessary.