

Case Number:	CM15-0109598		
Date Assigned:	06/16/2015	Date of Injury:	11/19/2013
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 11/19/13. The injured worker has complaints of left shoulder pain. The documentation noted on examination that there is positive impingement, as well as posterior/deltoid tenderness. The diagnoses have included impingement left shoulder. Treatment to date has included physical therapy; motrin; transcutaneous electrical nerve stimulation unit and magnetic resonance imaging (MRI) of the left shoulder showed mild rotator cuff tendinosis, there is not rotator cuff tear, intact acromioclavicular joint and lateral downsloping acromion mildly narrow the lateral supraspinatus outlet. The request was for continued physical therapy times four left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued PT x 4 (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 9792.20-.26 Page(s): 98-99.

Decision rationale: According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed 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 case the patient has a diagnosis of chronic shoulder pain with impingement syndrome. Prior treatment has included up to 28 physical therapy sessions. The quantity of prior physical therapy is in excess of the recommendation of the MTUS. At this point the patient should be independent with a HEP. The additional therapy is not medically necessary.