

Case Number:	CM15-0010632		
Date Assigned:	01/28/2015	Date of Injury:	01/20/2011
Decision Date:	04/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female, who sustained an industrial injury on 1/20/2011. She has reported left shoulder pain. Past surgical history included left shoulder surgery 9/7/12 and 12/12/13. The diagnoses have included left shoulder impingement syndrome, left supraspinatus tear, and left re-tear of rotator cuff. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and physical therapy. Currently, the Injured Worker complains of increased shoulder pain. On August 20, 2014, there was continued weakness and pain to the left arm and shoulder, decreased Range of Motion (ROM), and was improving with physical therapy. The plan of care was to continue physical therapy. On 12/23/2014 Utilization Review non-certified twelve (12) physiotherapy program sessions to the left shoulder, three times a week for four weeks, noting the total number of therapy sessions exceeds guidelines recommendations. The MTUS and ACOEM Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of twelve (12) physiotherapy program sessions to the left shoulder, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy program, 12 sessions to the left shoulder, three times a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Physiotherapy program, 12 sessions to the left shoulder, three times a week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition with transition to an independent home exercise program. The patient has had extensive physical therapy for her shoulder (61 sessions in 2014.) At this point the patient should be well versed in a home exercise program. There are no extenuating factors requiring 12 more supervised PT visits. The request for continued physical therapy for the left shoulder is not medically necessary.