

Case Number:	CM15-0130642		
Date Assigned:	07/17/2015	Date of Injury:	01/23/2004
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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 70 year old male, who sustained an industrial injury on 1/23/2004. Diagnoses have included right shoulder glenohumeral arthritis. Treatment to date has included shoulder surgery, magnetic resonance imaging (MRI), medication and physical therapy. According to the progress report dated 6/10/2015, the injured worker reported having had six visits of physical therapy which had cut his right shoulder pain down significantly. He stated that his pain was very low. He was taking Motrin occasionally. Physical exam revealed that he was non-tender over his acromioclavicular joint and his cuff strength was good. Surgery was not recommended. Authorization was requested for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for right shoulder pain with a diagnosis of osteoarthritis. When seen, he had completed 6 physical therapy treatments and was doing well with a low level of pain. He had improved so much that he was questioning the need for the surgery that had been planned. There was decreased range of motion with good rotator cuff strength. Additional physical therapy was requested. Guidelines recommend 9 physical therapy over 8 weeks for osteoarthritis of the shoulder. In this case, the claimant has recently had physical therapy with a good result. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. 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 and is not medically necessary.