

Case Number:	CM15-0134925		
Date Assigned:	07/23/2015	Date of Injury:	10/07/2003
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male, who sustained an industrial injury on 10/07/2003. He has reported injury to the right shoulder. The diagnoses have included right shoulder impingement; status post right shoulder arthroscopy. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Lidoderm Patch. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing right shoulder pain that interferes with ability to use arm at or above the shoulder level. Objective findings included painful elevation of the right shoulder; positive impingement; decreased range of motion of the right shoulder; and tender acromion. The treatment plan has included the request for physical therapy right shoulder quantity 12; and shoulder pulley system quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. While this is not the IW's initial course and he has undergone a number of different series of physical therapy since the initial injury in 20013 including most recently in 2013, an abridged course of less than 10 physical therapy sessions is appropriate as a retraining and reconditioning prior to transitioning him back into a HEP. Consequently based on the guidelines and my review of the provided records I believe the requested 12 sessions of physical therapy are not medically necessary at this time.

Shoulder pulley system Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the cited MTUS guidelines active therapy such as ones aided by a pulley system are helpful in controlling swelling, pain and to improve the rate of soft tissue injuries. The MTUS guidelines continue to state that "home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." (Colorado, 2002, Aksienon, 2006) While the clinic records are very limited, it appears that the IW is receiving instruction from a therapist on how to use therapy devices with the hope that the IW will be able to independently continue with HEP. While the records provided are sparse and do not provide a detail description of the recommended pulley system, such a system is an assistive device aimed at resistance and functional activity and is therefore medically necessary based on the cited guidelines.