MAXIMUS Federal Services

Case Number:	CM15-0137490		
Date Assigned:	07/27/2015	Date of Injury:	10/14/2010
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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 54 year old female who sustained an industrial/work injury on 10/14/10. She reported an initial complaint of pain in left shoulder with dislocation. The injured worker was diagnosed as having left shoulder strain, chronic pain, rotator cuff syndrome, bursitis, s/p left shoulder surgery. Treatment to date includes medication, surgery, and physical therapy. Currently, the injured worker complained of left shoulder pain. Per the primary physician's report (PR-2) on 6/15/15, exam noted rotator cuff strength of 4/5, flexion of 180 degrees, extension at 40 degrees, abduction at 140 degrees, adduction at 30 degrees, internal rotation at 60 degrees, and external rotation at 80 degrees. Current plan of care included complete physical therapy sessions. The requested treatments include additional physical therapy (6 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

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 (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in October 2010 and continues to be treated for chronic right shoulder pain after a rotator cuff repair. When seen, she had completed 4 of 6 physical therapy sessions. The was shoulder tenderness with decreased range of motion and strength and a painful arc. Prior physical therapy has included use of a pulley system, stretching, and ball exercises. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant had not completed the six visit trial when additional therapy was requested. The claimant has already had prior physical therapy as well, and 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 requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.