

Case Number:	CM15-0141675		
Date Assigned:	07/31/2015	Date of Injury:	03/10/2012
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 50 year old female, who sustained an industrial injury on 3-10-12. She reported injury to her shoulders and subsequent bilateral arthroscopic surgery. The injured worker was diagnosed as having bilateral supraspinatus tendinitis, status post arthroscopic surgery with recalcitrant pain. Treatment to date has included a right shoulder MRI on 3-4-15 showing a small joint effusion, pre-op physical therapy and Voltaren gel. As of the PR2 dated 6-26-15, the injured worker reports dull aching pain in the bilateral shoulders. She rates her pain a 2-5 out of 10. Objective findings include full range of motion in the shoulders and a positive Hawkin's and Neer test. The treating physician requested outpatient physical therapy to bilateral shoulder evaluation and treated 3 times per week for 4 weeks. Prior surgery was completed in '13 and a prior course of post operative therapy consisting of 12 sessions is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to bilateral shoulder evaluation and treated 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 133.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: MTUS Guidelines recommends limited physical therapy of 8-10 sessions for chronic musculoskeletal conditions as being adequate. The Guidelines note that the goal of therapy is an independent self motivated program of rehabilitation. Guidelines also limit the post operative period to 6 months for this surgery which has been exceeded at the time of this request. It is noted that this individual has completed 12 sessions of physical therapy with temporary relief, but there is scant evidence of independent follow through. A few sessions to renew and instruct a home program may be reasonable, but the request for an additional 12 sessions far exceeds Guidelines and there are no unusual circumstances to sustain such an exception to Guidelines. The request for outpatient physical therapy to bilateral shoulder evaluation and treated 3 times per week for 4 weeks is not supported by Guidelines and is not medically necessary.