

Case Number:	CM15-0144389		
Date Assigned:	08/04/2015	Date of Injury:	02/08/2013
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia
 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 60 year old female who sustained an industrial injury on 2-8-2013. She has reported right shoulder pain and has been diagnosed with other joint derangement, not elsewhere classified, involving shoulder II, other postsurgical status, and rotator cuff strain. Treatment has included physical therapy, surgery, medications, and a home exercise program. There was decreased range of motion with stiffness to the right shoulder. She describes her pain a 5 out of 10. There was limited range of motion in all planes and was painful. Shoulder flexion was a 2-5 on the right side. Shoulder abduction was 2-5 on the right side. The treatment plan included follow up. The treatment request included physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2times a week for 6 weeks to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic shoulder pain. At this point the patient is quite a while from the initial date of injury and with no objective evidence to indicate an acute re-injury or exacerbation, making the shoulder pain chronic in nature. Without strong evidence for physical therapy being beneficial in chronic cases of shoulder pain and with no formal objective plan to measure and evaluate functional improvement, medical necessity of physical therapy cannot be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise. Therefore it is not medically necessary.