

Case Number:	CM15-0144624		
Date Assigned:	08/19/2015	Date of Injury:	03/30/2000
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

This 77 year old female sustained an industrial injury to the shoulder on 3-30-00. Previous treatment included physical therapy, injections and medications. The injured worker had declined surgical repair at the time of injury. In a comprehensive orthopedic evaluation dated 6-5-15, the injured worker reported that she had aggravated her shoulder when pushing a friend in a wheelchair with subsequent pain, weakness and difficulty doing activities of daily living. The injured worker reported that previous physical therapy really helped. The injured worker stated that she did not like Cortisone. The injured worker reported that she took Tramadol and Aleve but found them difficult to tolerate due to gastritis. Physical exam was remarkable for shoulder with atrophy posteriorly, decreased range of motion and weakness in external rotation. The injured worker elevated her shoulder pseudoparalytically, could not do a normal belly press and had pain upon liftoff. The injured worker had a stiff neck. The physician noted that magnetic resonance imaging showed a supraspinatus and infraspinatus tear with severe fatty infiltration, acetabularization and femoralization and loss of disc space at C5-6 and C6-7 with a straightened lateral. The physician noted that the injured worker's options were physical therapy or shoulder arthroplasty. Major surgery at the age of 77 held significant risks. The treatment plan included performing home exercises and a course of twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 8 weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. It is acknowledged, that surgery is the patient's only remaining option. A trial of therapy may be indicated. However, the 8-16 visits being requested here exceeds the number recommended as a trial by guidelines, and there is no provision to modify the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.