

Case Number:	CM15-0161239		
Date Assigned:	08/28/2015	Date of Injury:	05/01/1998
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 63 year old female who sustained an industrial injury on 5-1-98. In a progress report dated 7-17-15, the primary treating physician notes shoulder pain with activity and range of motion. Exam of the left shoulder revealed a healed incision. Active range of motion in degrees was forward flexion 1-160, extension 0-50, abduction 0-160, internal rotation 0-60, and external rotation 0-90. There was a positive crossover sign, Hawkin's sign, O'Brien's test, and Speed's sign. The right shoulder exam revealed a healed incision. Active range of motion in degrees was forward flexion 0-160, extension 0-50, abduction 0-160, internal rotation 0-60, and external rotation 0-90. There was a positive crossover sign, Hawkin's sign, O'Brien's test, and Speed's sign. Diagnosis was calcifying tendinitis of shoulder. She is status post left shoulder arthroscopy 3-20-00 and right shoulder arthroscopy 8-30-99. MRIs of the left and right shoulder were done 4-4-13. Work status is that she is retired. Previous treatment includes surgery, physical therapy with some benefit, home exercise program, ibuprofen, and Nexium. The requested treatment is physical therapy for the bilateral shoulders, twice a week for 6 weeks, was non-certified by Utilization Review on 7-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral shoulders, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy.

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

Decision rationale: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for her diagnoses; however, the requested 12 visits exceed guidelines and the sessions necessary to reasonably assess functional improvement and compliance. In addition, her diagnoses have been long-term, she has undergone previous physical therapy for the same, has continued home exercises, and there are no exceptional factors. Therefore, the request for physical therapy of the bilateral shoulders, twice a week for six weeks, is not medically necessary.