

Case Number:	CM15-0164941		
Date Assigned:	09/02/2015	Date of Injury:	05/26/2011
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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:

This 45-year-old woman sustained an industrial injury on 5-26-2011. The mechanism of injury is not detailed. Diagnoses include biceps tendinitis and rotator cuff impingement. Treatment has included oral and topical medications and H-wave unit. Physician notes dated 7-29-2015 show complaints of left shoulder pain rated 7 out of 10. Recommendations include physical therapy, home exercises, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT evaluation and treatment x 12 to the left shoulder: Upheld

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

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.

Decision rationale: The claimant sustained a work-related injury in May 2011 and is being treated for left shoulder pain. When seen, she was using an H-wave unit. Stretching and strengthening are referenced. She stated that her rotator cuff was great. Physical examination findings included biceps and rotator cuff tenderness. There was decreased range of motion with positive impingement and Speed's tests. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury and is already performing strengthening and stretching consistent with an active home exercise program. Ongoing compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.