

Case Number:	CM15-0185945		
Date Assigned:	09/28/2015	Date of Injury:	03/06/2011
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 67-year-old female who sustained an industrial injury on 3-6-11. Medical records indicate that the injured worker is being treated for bilateral shoulder impingement syndrome. She currently (4-27-15) has bilateral shoulder pain, stiffness and weakness and her symptoms were unchanged from previous visit (records are not present for that visit) with a pain level of 5 out of 10. On physical exam, there was decreased range of motion to bilateral shoulders, right greater than left. The treatment plan was for physical therapy to the shoulders 3 times per week for 4 weeks to regain strength, stabilization and improve function. Diagnostics included MRI of the bilateral shoulders (no date) results not present. Treatments to date include cortisone injection to the right shoulder (4-27-15). Indication of prior physical therapy sessions to the bilateral shoulders was not present. The request for authorization dated 5-1-15 was for physical therapy 3 times per week for 4 weeks to bilateral shoulders and on 8-19-15, there was a request for physical therapy 3 times per week for 4 weeks to the bilateral shoulders-cervical spine. On 8-26-15 Utilization Review non-certified, the request for physical therapy 3 times a week for 4 weeks to the bilateral shoulders-cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 3 times a week for 4 weeks bilateral shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior bilateral shoulder PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior shoulder PT. Additionally, the request exceeds the recommended number of PT sessions for this condition per the MTUS. For these reasons, the request for PT for the bilateral shoulders is not medically necessary.