

Case Number:	CM15-0189436		
Date Assigned:	10/01/2015	Date of Injury:	11/11/2011
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/25/2015

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, 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 31-year-old female who sustained an industrial injury 11-11-2011. Diagnoses have included left rotator cuff syndrome, left acromioclavicular joint sprain, status post distal clavicle excision and subacromial decompression 4-20-2012, and a more recent diagnosis of chronic regional pain disorder of the right upper extremity and left leg. Documented treatment includes medication, and completion of participation in a functional restoration program in August of 2014. Medication is stated to bring pain from 7 out of 10 to 3-4 out of 10 and helping improve participation in activities of daily living. The injured worker returned to a physical therapist as a follow up to her functional restoration program on 9-8-2015. The therapist noted a "moderate loss of functional independence from chronic pain, and a progression of CRPS symptoms." Assessment revealed cervical range of motion at 10 percent extension, 50 percent right side bending, 25 percent left side bending, 50 percent right rotation and 25 percent left rotation. Bilateral upper extremities included left shoulder flexion and abduction at 160 degrees, and internal rotation at 70 degrees. Trunk was 50 percent extension, flexion and left rotation, 10 percent right side bending, and 25 percent on the left. Increased kyphosis was noticed, as well as depressed left glenohumeral, and winging at the right shoulder. Gait was stated as antalgic with slight Trendelenburg with limp on the left. It was noted that she was "deconditioned with general weakness" and showed decreased tolerance and endurance. The injured worker subjectively noted progressive difficulty with household chores and her function was observed objectively to be at a "moderate level." Recommendation was an

additional 12 sessions of physical therapy with "focus on desensitization and adaption of current home exercise regimen to manage flaring in new regions of her body." This was requested, but denied on 9-23-2015. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Shoulder, Twice a Week for Six Weeks: 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: MTUS 2009 recommends up to 10 sessions of physical therapy to treat myalgia. The patient has already completed functional restoration program and the physical exam shows diminished shoulder flexion and extension. This request for additional physical therapy. However, the treatment plan and goals of the physical therapy have not been included. Six sessions of physical therapy have been approved and the outcome of the sessions has not been made available. Additional therapy can be considered if there is a meaningful improvement after the trial of six sessions. This request for 12 sessions of physical therapy is not medically necessary.