

Case Number:	CM15-0192508		
Date Assigned:	10/06/2015	Date of Injury:	03/31/2001
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial-work injury on 3-31-01. She reported initial complaints of shoulder and neck pain. The injured worker was diagnosed as having bilateral rotator cuff tears, status post multiple surgical repairs on the right and recent left sided repair with residual chronic pain, cervical degenerative disc condition, sleep disorder with chronic pain, affective disorder with depression and anxiety, and thoracic scoliosis. Treatment to date has included medication, trigger point injections to the left-right trapezius, levator scapula, supraspinatus, and rhomboids on 7-24-15 and 7-31-15, and cognitive behavior therapy (1 session). Currently, the injured worker complains of sleep being interrupted due to neuralgia. Medications assist with activity and ADL's (activities of daily living). Per the qualified medical examination report on 9-4-15, exam notes decreased range of motion in the cervical spine, scoliosis of the thoracic spine and spasm, and shoulders have 4 to 5 weakness in the shoulder muscles. The Request for Authorization requested service to include Physical Therapy, 12 visits for the right shoulder. The Utilization Review on 9-18-15 denied the request for Physical Therapy, 12 visits for the right shoulder, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 visits for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical Therapy, 12 visits for the right shoulder, 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 no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for Physical Therapy, 12 visits for the right shoulder is not medically necessary.