

Case Number:	CM15-0198407		
Date Assigned:	10/13/2015	Date of Injury:	04/30/2004
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female who sustained an industrial injury 04-30-04. A review of the medical records reveals the injured worker is undergoing treatment for left shoulder pain, rotator cuff tendinopathy, and left upper extremity pain and numbness. Medical records (07-10-15) reveal the injured worker complains of bilateral shoulder pain and is unable to elevate the arm above the horizontal. The pain is not rated. The physical exam (07-10-15) reveals impingement of the left shoulder, decreased left hand grip strength, and tenderness to palpation in the left shoulder. Prior treatment includes home exercise program, medications including non-steroidal anti inflammatories, Protonix, rest and ice. The original utilization review (09-09-15) non-certified the request for 8 physical therapy sessions to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the bilateral shoulders: 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: The medical records indicate the patient has complaints of bilateral shoulder pain and inability to elevate the arm. The current request for consideration is 8 physical therapy sessions for bilateral shoulders. The most up to date report for review is dated 7/10/15 and recommends a home exercise program. The CA MTUS guidelines does recommend physical therapy as an option for chronic pain, at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS does recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed physical therapy sessions in excess of the MTUS guidelines. The 7/10/15 report recommends that the patient participate in a home exercise program. The current request of 8 additional physical therapy sessions exceeds the MTUS guidelines. The current request is not medically necessary.