

Case Number:	CM15-0202425		
Date Assigned:	10/19/2015	Date of Injury:	08/20/2014
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, California
 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 30 year old female, who sustained an industrial injury on 08-20-2014. She has reported injury to the bilateral shoulders. The diagnoses have included bilateral shoulder derangement; status post right shoulder arthroscopy, in 02-2015; and status post left shoulder arthroscopy, in 06-2015. Treatments have included medications, diagnostics, cortisone injections, physical therapy, and surgical intervention. A progress report from the treating provider, dated 09-02-2015, documented an evaluation with the injured worker. The injured worker reported constant right shoulder pain, which is described as sharp, achy, and spasmodic in character; this pain is rated as a 2 out of 10 in intensity while resting, and as an 8 out of 10 in intensity with activities; the pain is associated with weakness and grinding and radiates into the neck; she is unable to perform her activities of daily living due to this pain; constant left shoulder pain, which is described as sharp, achy, and spasmodic in character; this pain is rated as 1 out of 10 in intensity with resting, and as a 6 out of 10 in intensity with activities; the pain is associated with weakness and grinding and radiates into the neck; constant upper back pain, which is achy in character; the pain radiates to the neck; and she is unable to perform her activities of daily living due to this pain. It is documented that the injured worker has had 24 sessions of physical therapy for the right arm, and 16 sessions of physical therapy for the left arm, which provided temporary relief. Objective findings included there were noted surgical scars; there was tenderness noted over the right deltoid complex; Neer and Hawkins-Kennedy tests were positive bilaterally; manual muscle testing revealed 4 out of 5 strength on the right and 5 out of 5 on the left with flexion, extension, abduction, adduction, internal rotation, and external rotation; and range of motion was restricted due to pain. The provider noted that an

MRA (magnetic resonance angiography) of the right shoulder, dated 08-20-2015, revealed "intrasubstance injury in the supraspinatus tendon". The treatment plan has included the request for physical therapy 3 times a week for 4 weeks for the right shoulder. The original utilization review, dated 09-14-2015, non-certified the request for physical therapy 3 times a week for 4 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 4Wks 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.