

Case Number:	CM15-0022425		
Date Assigned:	02/18/2015	Date of Injury:	06/05/2013
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 52 year old female, who sustained an industrial injury on June 5, 2013. She has reported injury to her left shoulder. The diagnoses have included complete rupture of rotator cuff and bicipital tenosynovitis. Treatment to date has included surgery, physical therapy, acupuncture, trigger point injections and medications. Currently, the injured worker complains of increased pain through her shoulders and back as well as pain down the arms. She feels that her regular duty work, involving reaching and pulling/moving heavy machines, is flaring her shoulder. Notes stated that physical therapy and acupuncture have helped her in the past. On January 23, 2015 Utilization Review non-certified physical therapy 1x week x 6 weeks for the left shoulder, noting the CA MTUS and Official Disability Guidelines. On February 6, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 1x week x 6 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one time a week for six weeks; left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Submitted reports have adequately demonstrated the indication to support the hand therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy one time a week for six weeks; left shoulder is medically necessary and appropriate.