

Case Number:	CM15-0025792		
Date Assigned:	02/18/2015	Date of Injury:	04/20/2012
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: Preventive Medicine, 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 53 year old female, who sustained an industrial injury on April 20, 2012. She has reported left shoulder pain after carrying heavy buckets. The diagnoses have included shoulder pain. Treatment to date has included medications, acupuncture, physical therapy, and surgery. Currently, the IW complains of worsening pain of the shoulder with radiation into the upper back, scapula, and sides of the head. She reports left sided headaches, and left eye pain. Physical findings reveal pain in the cervical spine, trapezius and occiput areas on the left. A magnetic resonance imaging of the shoulder taken on July 23, 2012, reveals a 2-3mm tear in the posterosuperior labrum with cyst. The records indicate she has previously received physical therapy, and reported it to be unhelpful. The Utilization Review indicates 24 post-operative physical therapy sessions were authorized in 2013. On February 4, 2015, Utilization Review non-certified 12 sessions of physical therapy for the left shoulder (3 times weekly for 4 weeks). The MTUS and ODG guidelines were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of 12 sessions of physical therapy for the left shoulder (3 times weekly for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy for the left shoulder (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Shoulder 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has had at least 24 sessions of physical therapy previously. The expectation is that a home exercise program would replace therapist-guided therapy for ongoing conditioning and rehabilitation. The injured worker has also previously reported that physical therapy was not helpful. The number of sessions requested is in excess of the recommendations of the MTUS Guidelines, and the medical necessity of additional therapy has not been established. The request for 12 sessions of Physical Therapy for the left shoulder (3x4) is determined to not be medically necessary.