

Case Number:	CM15-0030869		
Date Assigned:	02/24/2015	Date of Injury:	12/16/2007
Decision Date:	07/28/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female with an industrial injury dated 12/16/2007. The injured worker's diagnoses include pain in joint, shoulder region, status post rotator cuff repair, and history of chondromalacia glenohumeral joint with history of bilateral knee pain. Treatment consisted of diagnostic studies, prescribed medications, left shoulder cortisone shot, and periodic follow up visits. In a progress note dated 01/05/2015, the injured worker reported bilateral knee pain with improvement in right knee and left shoulder pain. Objective findings revealed positive impingement in the shoulder, positive O'Brien and tenderness to palpitation of bilateral knee joint line. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for physical therapy for the left shoulder, twice weekly for six weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2007 and continues to be treated for bilateral knee and left shoulder pain. She has a diagnosis of a left rotator cuff tear. When seen, she was having shoulder stiffness decreased and painful range of motion. Authorization for an MRI of the left shoulder and physical therapy were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. Therefore, the request is not medically necessary.