

Case Number:	CM15-0031291		
Date Assigned:	02/24/2015	Date of Injury:	03/20/2006
Decision Date:	05/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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 71-year-old male, who sustained an industrial injury on March 20, 2006. The injured worker was diagnosed as having bilateral shoulder sprain with possible internal derangement. Treatment to date has included x-rays and medication. Currently, the injured worker complains of shoulders stiffness and pain due to rainy weather. The Primary Treating Physician's report dated December 3, 2014, noted the injured worker with no signs or symptoms of infection, full symmetrical range of motion (ROM), and no acute lymphatic or neurological changes. X-rays taken of the bilateral shoulders, bilateral humerus, bilateral elbows, and bilateral forearms were noted to show no acute changes. The Physician's treatment plan included Lodine, Tylenol over-the-counter (OTC), home exercises as directed, and physical therapy three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 6Wks for bilateral shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises, which are to be continued at, home as directed by MTUS. Physical Therapy 3xWk x 6Wks for bilateral shoulder is not medically necessary.