

Case Number:	CM15-0034133		
Date Assigned:	03/02/2015	Date of Injury:	04/04/2011
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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 44 year old female, who sustained a work related injury on 4/4/11. The diagnosis has included status post left shoulder surgery with flare-up pain. Treatments to date have included oral medications in the past and left shoulder surgery. In the PR-2 dated 1/20/15, the injured worker complains of worsening pain in left shoulder. She has an increased work load at work which is contributing to the increased pain. She has difficulty using the arm in cold weather. The worsening symptoms are causing more difficult sleep at night. She has 125 degrees of flexion and abduction with left shoulder. She has a positive impingement test. She complains of pain in left shoulder with range of motion. She has tenderness to palpation of left shoulder joint. On 2/9/15, Utilization Review modified a request for physical therapy 2x/week for 6 weeks to left shoulder to physical therapy 2 visits. The California MTUS, Physical Medicine Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks on the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Pages 98-99.

Decision rationale: Original reviewer modified physical therapy request from 2x/week for 6 weeks to left shoulder to physical therapy 2 visits. The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. Physical therapy 2 times a week for 6 weeks on the left shoulder is not medically necessary.