

Case Number:	CM15-0039393		
Date Assigned:	04/08/2015	Date of Injury:	08/25/2014
Decision Date:	05/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 27 year old male who sustained an industrial injury on August 25, 2012. He has reported injury of the left shoulder and has been diagnosed with major depressive disorder, severe, recurrent, without psychotic features and right shoulder impingement syndrome. Treatment has included medication, physical therapy, modified work duty, injection, and cognitive behavioral therapy. Currently on 2/11/15 the injured worker complained of sharp pain in the left shoulder. Physical examination of the left shoulder on 10/21/14 revealed limited range of motion, tenderness on palpation and 4/5 strength. The treatment request included physical therapy for the left shoulder. Patient has received 8 PT visits for this injury without improvement. The medication list includes Naproxen and muscle relaxants. The patient had received a cortisone injection for this injury in 1/2015. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) a week for three (3) weeks for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy ? Page(s): 98.

Decision rationale: Request: Physical Therapy twice (2) a week for three (3) weeks for the Left Shoulder. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy twice (2) a week for three (3) weeks for the Left Shoulder is not fully established for this patient. Therefore this treatment is not medically necessary.