

Case Number:	CM15-0040103		
Date Assigned:	03/10/2015	Date of Injury:	03/13/2013
Decision Date:	07/29/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 55 year old female who sustained an industrial injury on 03/13/2013. Mechanism of injury was not documented. Diagnoses include concern for a left rotator cuff tendinopathy versus adhesive capsulitis, and status post knee replacement on the left side on 11/08/2014. Treatment to date has included diagnostic studies, medications, steroid injections to the left shoulder, physical therapy in the past and has done reasonable well and she has not had any therapy in about a year. The most recent physician progress note dated 02/02/2015 documents the injured worker complains of chronic shoulder pain. She has increasing pain in the left shoulder. There is tenderness to palpation at the clavicle as well as the glenohumeral on the subacromial space. The left shoulder has restricted range of motion. There is a positive Hawkins and Neer's present on the left. She rates her left shoulder pain as 5 out of 10. The treatment plan includes acupuncture, continuation of anti-inflammatories as needed, and may consider injections in the future. Treatment requested is for physical therapy 2 x 6 to the left shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 to the left shoulder as an outpatient: 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 Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The utilization review determination stated a suggested modification of the initial request for 12 to 4 visits. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Although the patient continues with shoulder pain, a determination of how many PT visits are necessary is dependent upon past therapy. Therefore, additional physical therapy is not medically necessary.