

Case Number:	CM15-0041794		
Date Assigned:	03/12/2015	Date of Injury:	12/07/2010
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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 49-year-old female, who sustained an industrial injury on December 7, 2010. She reported twisting her ankle and falling onto her right arm with an avulsion fracture. The injured worker was diagnosed as having pain in ankle foot joint, pain in hand joint, pain in lower leg joint, and pain in shoulder joint. Treatment to date has included physical therapy, tarsal tunnel release May 1, 2014, TENS, splinting, acupuncture, functional capacity evaluation, left shoulder injection, orthotics, and medication. Currently, the injured worker complains of chronic left shoulder, right ankle, right knee, and neck pain, and numbness in the right foot with weakness. The Treating Physician's report dated December 22, 2014, noted the left shoulder acromioclavicular joint with tenderness to palpation. The injured worker received a left acromioclavicular joint injection with ultrasound guidance, noted to tolerate the procedure well with no adverse effect. Current medications were listed as Ketamine Cream, Nabumetone-Relafen, Diclofenac Sodium Cream, Desvenlafaxine ER, Albuterol inhaler, Motrin, Singular, and Symbicort inhaler. The injured worker was noted on February 10, 2015, to have completed physical therapy for the shoulder with recommendation by the therapist to have additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy on the left shoulder 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

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.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic shoulder pain with recent treatment including 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. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the request is not medically necessary.