

Case Number:	CM15-0045579		
Date Assigned:	03/17/2015	Date of Injury:	06/15/2011
Decision Date:	05/12/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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

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 67 year old female, who sustained an industrial injury on 06/15/2011. Initial complaints reported included right shoulder pain, right neck pain, and low back pain. The injured worker was diagnosed as having cervical spine strain/sprain, lumbosacral strain/sprain, and right shoulder sprain/strain. Treatment to date has included conservative care and therapies (unknown amount of physical therapy), medications, left shoulder surgery, right shoulder surgery, and MRIs and x-rays of the cervical spine, lumbar spine and right shoulder. Currently, the injured worker complains of continued bilateral shoulder pain (left greater than the right) that is worse with activities and movement. The injured worker reported that physical therapy had helped improve her symptoms in the past and requested additional physical therapy. Diagnoses include status post left shoulder rotator cuff repair (1 year prior) with residual pain, and status post right shoulder rotator cuff repair with recent slight aggravation. The treatment plan consisted of 9 session of physical therapy for the right shoulder, and appeal the MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x3 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker is being treated for left rotator cuff injury. She is status post left rotator cuff repair with subacromial decompression on 1/9/14. Postoperative therapy note #39, dated 5/30/14, indicates active training for home exercise program. According to most recent primary treating physician report, the patient follows up reporting improvement in shoulder pain following physical therapy and evidence of regression after ceasing physical therapy. Physical examination indicates evidence of paraspinal muscle spasms with associated tenderness. The injured worker is retired. Request is being made for a second round of physical therapy to include 9 visits over 3 weeks for the right shoulder. For the diagnosis of myalgia, MTUS guidelines recommends 9-10 visits of physical therapy over 8 weeks. During which time the patient is instructed on and expected to continue active therapies at home as an extension of the treatment process. In the case of this injured worker, there is inadequate documentation to support continuation of the home exercise program to maintain her improved shoulder status. In addition, the frequency of the physical therapy request exceeds cited MTUS guidelines. Request for physical therapy is therefore not medically necessary.