

Case Number:	CM15-0045727		
Date Assigned:	03/18/2015	Date of Injury:	06/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
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: 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 60 year old female who sustained a work related injury on June 25, 2013, incurring shoulder injuries. Treatment included physical therapy and cortisone injections, anti-inflammatory drugs and pain medications. She was diagnosed with chronic neck pain, chronic right shoulder pain, right hand and wrist pain and a history of 2008 arthroscopic right rotator cuff repair. Currently, the injured worker complained of pain and weakness in the right shoulder. The treatment plan that was requested for authorization included right shoulder physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: The claimant sustained a work-related injury in June 2013 and continues to be treated for right shoulder pain and weakness. She underwent arthroscopic surgery in 2008 and has had prior physical therapy. 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 a home pulley system for stretching and strengthening. Providing skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. Finally, if further physical therapy were indicated, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected. Therefore, the request is not medically necessary.