

Case Number:	CM15-0048584		
Date Assigned:	03/20/2015	Date of Injury:	11/16/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female who sustained a work related injury November 16, 2012. According to a physician's progress report and request for authorization, dated February 4, 2015, the injured worker complained of left shoulder and low back pain. There are limited abilities in left arm rotation with tenderness to palpation over her left AC joint and difficulties performing activities of daily living. Diagnoses are documented as left shoulder torn ligament; frozen left shoulder; low back injury. Treatment plan included to renew her prescription for physical therapy for her left shoulder, low back and left and right legs, for the next 9-12 months, prior to evaluation for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy nine to twelve months bi-weekly-monthly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Peripheral Enthesopathies And Allied Syndromes.

Decision rationale: The injured worker sustained a work related injury on November 16, 2012. The medical records provided indicate the diagnosis of left shoulder torn ligament; frozen left shoulder; low back injury. Treatment plan included to renew her prescription for physical therapy for her left shoulder, low back and left and right legs, for the next 9-12 months, prior to evaluation for surgery. The medical records provided for review do not indicate a medical necessity for Outpatient physical therapy nine to twelve months bi-weekly-monthly. The MTUS recommends up to 10 visits for most chronic musculoskeletal disorders followed by home exercise program, except reflex sympathetic dystrophy where it recommends 24 visits. The Official Disability Guidelines recommendation for Frozen shoulder is as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT Medical treatment: 16 visits over 8 weeks; Post-surgical treatment: 24 visits over 14 week." The two guidelines make no recommendation for regular physical therapy. The requested treatment is not medically necessary.