

Case Number:	CM15-0050833		
Date Assigned:	03/24/2015	Date of Injury:	12/29/2013
Decision Date:	05/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: Family Practice

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 66-year-old female, who sustained an industrial injury on December 29, 2013. The injured worker had reported left shoulder pain related to a fall. The diagnoses have included disorders of bursa and tendons shoulder region, adhesive capsulitis left shoulder, partial tear of the rotator cuff area left shoulder, lumbar sprain/strain and degenerative disc disease. Treatment to date has included medications, radiological studies, shoulder injections, a dynasplint and 32 session of physical therapy. Current documentation dated December 19, 2014 notes that the injured worker reported constant left shoulder pain. Examination of the left shoulder revealed tenderness, weakness and a painful and decreased range of motion. The injured worker was noted to have developed atrophy of the deltoid and weakness in the shoulder area due to severe capsulitis of the left shoulder. The treating physician recommended extensive physical therapy to recover from this problem. The treating physician's plan of care included a request for physical therapy to the left shoulder # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks (12 sessions) - left shoulder: Upheld

Claims Administrator 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) Preface.

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, Shoulder Chapter.

Decision rationale: According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. ODG Physical Therapy Guidelines recommend 16 sessions of physical therapy for adhesive capsulitis. In this case, the injured worker has attended 32 sessions of physical therapy and has far exceeded the amount of therapy recommended for her condition. Furthermore, the injured worker by now should be able to participate in a home exercise program to consist of stretching, strengthening and range of motion exercises. The request for Physical therapy 2 times a week for 6 weeks (12 sessions) - left shoulder is not medically necessary and appropriate.