

Case Number:	CM15-0051132		
Date Assigned:	03/24/2015	Date of Injury:	10/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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 40-year-old female who sustained an industrial injury on 10/19/2014. Current diagnoses include left shoulder biceps tenosynovitis and cervical spine mild arthrosis. Previous treatments included medication management. Diagnostic studies included cervical spine x-rays, left shoulder x-rays, and MRI of left shoulder. Report dated 02/24/2015 noted that the injured worker presented with complaints that included left shoulder pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment recommendations and recommendation for physical therapy, and follow-up in six weeks. Disputed treatment includes physical therapy evaluation and treatment 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for neck pain and left shoulder pain with a diagnosis of biceps tendinitis without rotator cuff tear by MRI. The referral for physical therapy is for strengthening and improvement in range of motion. Treatment for this diagnosis would be expected to include up to 10 sessions over 8 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. 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 number of requested treatments is in excess of that recommended and therefore not medically necessary.