

Case Number:	CM15-0057514		
Date Assigned:	04/02/2015	Date of Injury:	11/09/2013
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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: Pennsylvania, Ohio, 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 58 year old female, who sustained an industrial injury on 11/9/13. The injured worker was diagnosed as having recent left shoulder arthroscopy, rotator cuff repair, left wrist sprain/strain and right knee sprain/strain. Treatment to date has included physical therapy, oral pain medications and left shoulder surgery. Currently, the injured worker complains of neck and shoulder pain. She states medications helps relieve the pain and therapy gives a little relief. Upon physical exam, severe tenderness is noted of left shoulder, left cervical spine, upper trapezius, levator scapulae, anterior deltoid and around surgical site; left wrist is swollen and tender over the dorsum and right knee has tenderness to palpation over the medial and lateral joint compartments with patellofemoral crepitus. The treatment plan consists of 8 further sessions of physical therapy and follow up appointment with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Physical Therapy 2 Times A Week for 4 Weeks Left Shoulder (DOS 3/12/2015):
 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 rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.