

Case Number:	CM15-0059743		
Date Assigned:	04/06/2015	Date of Injury:	04/02/2011
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 54 year old female, who sustained an industrial injury on 04/02/2011. The injured worker was diagnosed as having left shoulder arthralgia and left shoulder impingement/bursitis. Treatment to date has included chiropractic care, medications and physical therapy. According to a progress report dated 02/13/2015, the injured worker had completed 4 sessions of physical therapy and had noted improvement. Objective findings were positive for tenderness to palpation over deltoid and trapezius muscle and impingement. Treatment plan included home TENS unit, additional physical therapy for the left shoulder, non-steroidal anti-inflammatories, over-the-counter analgesics and continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for left shoulder impingement syndrome. Recent treatment has included physical therapy with completion of 4 therapy sessions. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has not completed the six-visit trial. Additionally, the number of sessions requested is excessive. Patients are expected to continue active therapies at home. 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 claimant has no other identified impairment that would preclude performing such a program. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the request is not medically necessary.