

Case Number:	CM15-0062122		
Date Assigned:	04/08/2015	Date of Injury:	10/24/2005
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old female, who sustained an industrial injury on 10/24/2005. Diagnoses have included increasing low back and lower extremity pain, cervical spine sprain/strain and left shoulder rotator cuff impingement syndrome. Treatment to date has included lumbar fusion, right shoulder surgery, lumbar epidural steroid injections and medication. According to the progress report dated 3/4/2015, the injured worker complained of bilateral shoulder pain, left greater than right. She had difficulty with use of her arms. There was a constant dull ache to both shoulders. She remained symptomatic with low back and lower extremity pain. She complained of numbness and tingling and electrical burning pain. Current medications included Avinza, Opana, Trazadone, Wellbutrin, Amitiza, Ambien and Omeprazole. She rated her pain as 5/10 with current medications. Without medications, she rated her pain as 9/10. The injured worker walked with a single point cane. Physical exam revealed tenderness over the posterior aspects of both shoulders. Shoulder range of motion was limited. There was positive impingement on the left. Authorization was requested for physical therapy twice a week for six weeks for the bilateral shoulders and Opana IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 6 weeks, Bilateral Shoulders: 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: Shoulder Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy, 2 times weekly for 6 weeks, bilateral shoulders is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had remote shoulder physical therapy in the past and the provider is requesting therapy now due to shoulder pain and limited range of motion so that the patient can become independent in a home exercise program. The request as written exceeds the recommended 10 visits of therapy for this condition. It is unclear why the patient would require 12 supervised physical therapy sessions to become reeducated in a home exercise program. The request is therefore not medically necessary as written.