

Case Number:	CM15-0086157		
Date Assigned:	05/08/2015	Date of Injury:	12/18/2010
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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 39 year old female, who sustained an industrial injury on 12/18/2010. She has reported subsequent left shoulder pain and was diagnosed with left shoulder rotator cuff tendinopathy and bursitis. Treatment to date has included oral pain medication and splinting. In a progress note dated 03/20/2015, the injured worker complained of mild left shoulder pain that increased with repetitive activity or overhead lifting and episodes of catching and clicking of the left shoulder. Objective findings were notable for point tenderness diffusely over the anterolateral shoulder and medial scapular border as well as the long head of the biceps tendon and positive Neer's impingement sign. A request for authorization of 12 sessions of physical therapy for the left shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 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 (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in December 2010 and continues to be treated for chronic left shoulder pain. Treatments have included medications and physical therapy. When seen, she was having mild pain with occasional catching. She was having difficulty with overhead activities. Physical examination findings included decreased shoulder range of motion and strength. There was tenderness without instability. 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 already had physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, 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. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.