

Case Number:	CM15-0086602		
Date Assigned:	05/08/2015	Date of Injury:	02/06/2014
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
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: 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 63 year old female, who sustained an industrial injury on 02/06/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder impingement with low-grade partial thickness articular sided supraspinatus tear along with cervical spine left-sided disc herniation at cervical four to five, cervical five to six, and cervical six to seven with nerve root compression at cervical seven. Treatment to date has included physical therapy, home exercise program, and medication regimen. In a progress note dated 01/26/2015 the treating physician reports continued left shoulder symptoms with rotator cuff weakness, and mild impingement noted with testing. Medical records provided contained ten progress notes of previous physical therapy sessions prior to 01/26/2015. The treating physician noted that the injured worker continues to have symptoms that is unrelieved with home exercise program and notes that the injured worker is having improvement. The documentation did not indicate the effectiveness of physical therapy with regards to any functional improvement with activities of daily living, improvement in work status, or with dependency on medical care. The treating physician requested twelve additional sessions of physical therapy per the injured worker's request due to unrelieved symptoms with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (x12) to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Physical Therapy.

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

Decision rationale: Physical therapy (x12) to the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior physical therapy for this condition. The request exceeds the recommended number of visits for this condition. The patient should be well versed in her home exercise program. The documentation does not indicate extenuating circumstances that would necessitate an additional 12 supervised therapy sessions for the left shoulder therefore physical therapy x 12 for the left shoulder is not medically necessary.