

Case Number:	CM15-0088102		
Date Assigned:	05/12/2015	Date of Injury:	09/01/2006
Decision Date:	07/14/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: California
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 9/1/2006. She reported stepping into a hole and feeling a pop in her left knee. She described numbness below the knee and also injuries to her left shoulder, cervical spine and left ankle. Diagnoses have included left rotator cuff syndrome, shoulder pain, derangement of meniscus, cervicgia and chronic pain syndrome. Treatment to date has included surgery, physical therapy and medication. Magnetic resonance imaging (MRI) of the left shoulder from 3/11/2015 showed mild supraspinatus tendinopathy and a small, linear longitudinal partial tear of the distal infraspinatus fibers at the greater tuberosity. According to the progress report dated 4/15/2015, the injured worker complained of increased left shoulder pain. Physical exam revealed restricted range of motion of the left shoulder. Mood was low and affect was anxious. Authorization was requested for physical therapy twice a week for three weeks for the left shoulder.

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, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Over 80 sessions was noted on record) was completed. The provider has failed to document appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient since patient undergone such a large number of PT sessions, patient should be able to perform all necessary PT at home. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.