

Case Number:	CM15-0236115		
Date Assigned:	12/11/2015	Date of Injury:	10/29/2013
Decision Date:	01/22/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/03/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female who sustained an industrial injury on 10-29-13. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder joint sprain. Medical records dated 11-4-15 indicate "constant" pain noted as not improved since the injured workers prior examination. Medical records dated 10-21-15 and 9-9-15 indicate pain rated at 5 out of 10. Provider documentation dated 11-4-15 noted the work status as remain off work. Treatment has included physical therapy, cold compresses, Menthoderm Gel, Dilaudid, status post rotator cuff repair and home exercises. Objective findings dated 11-4-15 were notable for right shoulder with tenderness to the acromioclavicular joint, painful range of motion, "light touch sensation is intact in all dermatomes tested." The original utilization review (11-17-15) denied a request for Physical Therapy 2x weekly right shoulder per 11-05-15 order QTY: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x weekly right shoulder per 11/05/15 order QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.