

Case Number:	CM14-0123515		
Date Assigned:	08/08/2014	Date of Injury:	04/16/2013
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old female who was injured on April 16, 2013 to her left shoulder while working as a mental health worker. The diagnoses listed as sprain of unspecified site of shoulder and upper arm (840.9). The most recent progress note dated 7/22/14, reveals complaints of left shoulder weakness, moderate pain and stiffness. Physical examination revealed tenderness to palpation, spasms and sensitivity over left shoulder, decreased range of motion (ROM) strength 4 out of 5 on visual analog scales (VAS). Treatment plan included continuation of psychotherapy. Prior treatment includes arthroscopic subacromial decompression of the left shoulder, postoperative physical therapy, medications, psychotherapy. Current medications are noted as Naprosyn cream. A prior utilization review determination dated 7/29/14 resulted in denial of physical therapy two times a week for six 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 2xWk x 6Wks Left Shoulder: Upheld

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The ODG for shoulder impingement syndrome/sprain allow 10 Physical Therapy (PT) visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. The MTUS Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines