

Case Number:	CM15-0015207		
Date Assigned:	04/20/2015	Date of Injury:	08/27/2007
Decision Date:	05/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old female who sustained an industrial injury on 08/27/2007. Diagnoses include rotator cuff syndrome, impingement syndrome-shoulder, and SLAP lesion. Treatment to date has included diagnostic studies, medications, physical therapy, and injections. A physician progress note dated 11/05/2014 documents the injured worker examination demonstrated continued right shoulder impingement and pain with resisted abducting and forward flexion. She has a positive relocation test. The pain is generated both posteriorly and anteriorly. Her sulcus sign is negative. The injured worker reports some improvement with therapy. Her range of motion has improved. She is still limiting her activities. Treatment requested is for 8 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder; (Acute & Chronic) physical therapy for rotator cuff disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has already completed a course of physical therapy and is requesting additional sessions. The treating physician does not state why the patient should need additional therapy sessions outside of guidelines or why a home exercise program would not suffice. As such, the request for 8 physical therapy visits is not medically necessary.