

Case Number:	CM15-0018318		
Date Assigned:	02/06/2015	Date of Injury:	04/15/2013
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: Preventive Medicine, Occupational 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 right hand dominant 57 year old female housekeeper, who sustained an industrial injury on 04/15/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic lumbar discogenic pain with flare-up; left lumbar radicular pain with flare-up; disc protrusion with annular tear at lumbar four to five; disc protrusion at lumbar three to four and lumbar five to sacral one; stance and gait dysfunction secondary to above; rotator cuff sprain; and status post labral repair, distal clavicle resections, and subacromial decompression. Treatment to date has included medication regimen, above listed surgical procedure, and physical therapy. In a progress note dated 01/09/2015 the treating provider reports constant back pain radiating to the left leg that is rated a seven to eight out of ten with associated symptoms of numbness and tingling. In a progress note dated 01/13/2015 the treating provider reports shoulder pain. The treating physician requested physical therapy for core strengthening, stabilization with gait, and balance training, but with no specific body part documented. On 01/23/2015 Utilization Review non-certified the requested treatment of physical therapy two times three to the right shoulder, noting the Medical Treatment Utilization Schedule, Chronic Pain, pages 98 to 99.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 48-9, Chp 9 pg 203-5, 212, Chronic Pain Treatment Guidelines Shoulder Surgery; Physical Medicine Page(s): Part 1 pg 26-7; Part 2 pg 98-9.

Decision rationale: Physical therapy can be active or passive. Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. With goal directed physical therapy the resultant benefit, when initiated after shoulder surgery, should be apparent by the end of the 3 month post-surgical period as recommended in the MTUS. The physical therapy treatment on this patient's shoulder did show improvement after a full course of post-surgical physical therapy and her shoulder condition has been declared permanent and stationary by her orthopedic surgeon. Further use of the same modality is not supported by research-based studies. Medical necessity has not been established.