

Case Number:	CM15-0019396		
Date Assigned:	02/09/2015	Date of Injury:	03/30/2007
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: Montana

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:

This 61 year old female sustained an industrial injury on 3/30/07 when she fell at work. She subsequently reports chronic low back pain and right knee pain. The injured worker has undergone right knee total arthroplasty on 6/19/08. She subsequently developed left shoulder pain related to gait derangement and the use of a cane in the left hand. Examination findings for the left shoulder have included decreased range of motion and positive impingement testing. Treatments include the medications Norco and Flexeril. She has not had physical therapy for the left shoulder prior to the current request, On 2/2/15, Utilization Review denied the request for Initial Physical Therapy 2 Times Weekly for 6 Weeks Left Shoulder per 01/21/15 Exam Note. The Initial Physical Therapy 2 Times Weekly for 6 Weeks Left Shoulder Per 01/21/15 Exam Note denial was based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Physical Therapy 2 Times Weekly For 6 Weeks Left Shoulder Per 01/21/15 Exam Note: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy

Decision rationale: The MTUS notes that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) For myalgia and myositis, unspecified (ICD9 729.1), 9-10 visits over 8 weeks are recommended. The ODG guidelines note that for rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12), recommended medical treatment for physical therapy is 10 visits over 8 weeks. In this case, although physical therapy is recommended, the request for 12 sessions exceeds the recommended physical therapy treatments as noted above. The request for physical therapy, 2 times weekly for 6 weeks, left shoulder, per 01/21/15 exam note is not consistent with the MTUS and ODG guidelines and is not medically necessary.