

Case Number:	CM15-0110268		
Date Assigned:	06/16/2015	Date of Injury:	05/21/2003
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained an industrial injury on May 21, 2003. She has reported injury to the bilateral shoulders and has been diagnosed with impingement syndrome shoulder bilateral and tear rotator cuff, bilateral shoulders. Treatment has included medications and physical therapy. Objective finding noted limits terminal abduction and flexion 40 and 50 degrees bilateral shoulders with positive impingement sign; mild aching, cramping, and spasm in the trapezial muscles. The treatment request included fifteen physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003. She continues to be treated for bilateral shoulder pain due to rotator cuff impingement. When seen, she was having a flare up of symptoms. There had been benefit from prior physical therapy treatments. Physical examination findings included decreased range of motion with positive impingement testing and trapezius muscle spasms. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.