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| Case Number: | CM15-0123694 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 07/15/2014 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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 66 year old female who sustained an industrial injury on 07/15/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy. Diagnostic studies include a MRI of the right shoulder on 03/03/15, and x-rays of the left ankle and right wrist. Current complaints include right shoulder pain and some right wrist pain. Current diagnoses include fracture right distal radius and left lateral malleolus, adhesive capsulitis right shoulder, contusion right knee, and repetitive stress injury left wrist. In a progress note dated 05/18/15, the treating provider reports the plan of care as additional physical therapy. The requested treatment is additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 session to the right shoulder, 2x4: Upheld

Claims Administrator 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 (Acute & Chronic), Physical Therapy.

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 (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for left ankle and wrist pain and right shoulder pain. An MRI of the right shoulder in March 2015 showed findings of mild rotator cuff tendinitis. She had 8 sessions of physical therapy for the shoulder. When seen, there had been some improvement. She had pain, stiffness, and restricted motion. There was decreased and painful right shoulder range of motion. Additional physical therapy was requested. Guidelines recommend up to 10 physical therapy visits over 8 weeks for the treatment of this condition. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for range of motion. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request was not medically necessary.