MAXIMUS Federal Services

| Case Number: | CM15-0128503 | | |
|---|---|---|---|
| Date Assigned: | 07/15/2015 | Date of Injury: | 05/07/2007 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

## 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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 36-year-old female who sustained an industrial injury on 5/7/2007 resulting in neck and right shoulder pain. She has been diagnosed with cervical radiculopathy, adhesive capsulitis of the shoulder, cervical spinal stenosis, cervicalgia, sprain and strain to shoulder and upper arm, and rheumatoid arthritis. Treatment has included shoulder stabilization with a sling; right shoulder arthroscopy, subacromial decompression and debridement of the rotator cuff, after which the injured worker reports worsening of symptoms; continuous passive motion machine; physical therapy and acupuncture with report of no improvement; right shoulder subacromial injection with 2 to 3 day pain relief; trigger point injections with report of little improvement; home exercise; and, medication. The injured worker continues to present with constant neck pain, chronic severe shoulder pain with limited range of motion, and recurrent shoulder dislocation as well as insomnia and reported difficulties coping with disability. The treating physician's plan of care includes 10 physical therapy sessions, psychological consult, and weekly psychological treatments for 8 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

**Psychologist Consult and Treatment; One time per week for eight weeks (1x8):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Psychological Treatment Page(s): 100-101, 101-102.

**Decision rationale:** MTUS encourages psychological evaluation and treatment for appropriately identified patients with chronic pain. Thus while a psychology consultation may be indicated in this case, it is not possible to know the nature and duration of appropriate treatment until the consultation has been completed. Therefore, this request is not medically necessary.