

Case Number:	CM15-0128891		
Date Assigned:	07/15/2015	Date of Injury:	02/07/2007
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 60-year-old female who sustained an industrial injury on 02/07/2007. She reported right shoulder pain. The injured worker was diagnosed as having right knee degenerative joint disease, right rotator cuff tear, and biceps tendonitis. Treatment to date has included conservative care of physical therapy and chiropractic care, and arthroscopic surgery for subacromial decompression and extensive debridement. Currently, the injured worker complains of minimal post-operative soreness. On exam, the worker is minimally tender to palpation at biceps with positive crepitis on the right. Range of motion is 170-170-T10. There is continued weakness in the shoulder. The treatment plan is for additional physical therapy visits. A request for authorization is made for the following: PT 2x6 Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed an unknown amount of prior therapy. Consequently, additional therapy 12 sessions are not medically necessary.