MAXIMUS Federal Services

Case Number:	CM15-0026442		
Date Assigned:	02/18/2015	Date of Injury:	08/23/2010
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/11/2015

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: California, Hawaii
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 68 year old female, who sustained an industrial injury on August 23, 2010. The mechanism of injury is unknown. The diagnoses have included status post bilateral shoulder arthroscopic repair, decompression and debridement procedures and chronic subjective and objective residuals. Treatment to date has included sling, home exercises, physical therapy, surgery and medications. On January 7, 2015, the injured worker reported a decrease in pain to both shoulders due to her medication. She complained of occasional stiffness to both shoulders. Physical examination revealed diffuse tenderness to palpation over the anterior shoulders bilaterally along with bilateral levator scapulae tenderness. Active range of motion of the shoulders was restricted. She demonstrated 100 degrees of flexion and abduction bilaterally. Positive end-range pain with flexion and abduction of the shoulder was noted bilaterally. She reported doing her home exercise program two times per week and she is interested in physical therapy. On January 26, 2015, Utilization Review non-certified additional physical therapy twice weekly for 4 weeks for the bilateral shoulders, noting the CA MTUS and Official Disability Guidelines. On February 5, 2015, the injured worker submitted an application for Independent Medical Review for review of additional physical therapy twice weekly for 4 weeks for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, twice weekly, bilateral shoulders per 1/7/15 Rx QTY: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/14), Physical Therapy.

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

Decision rationale: The patient presents with status post bilateral shoulder arthroscopic repair, decompression and debridement procedures dated 1/18/11, and chronic subjective and objective residuals. The current request is for additional physical therapy, twice weekly, bilateral shoulders per 1/7/15 Rx QTY: 8. The treating physician states, in a report dated 01/07/15, "[the patient] now has flared shoulder pain with decreased motion and strength compared to previous examinations. As such, a referral for a brief course of physical therapy is appropriate as requested." (9B) The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type symptoms. In this case, the UR Determination reported dated 01/26/15 states "the patient had physical therapy, but the number of sessions and objective outcome of treatment was not documented in the clinical reports submitted with this request." However, in the reports submitted for review, there is no mention made of any prior physical therapy. In this case, the treating physician has documented an acute flare-up and there is no documentation of any recent physical therapy for this patient. The current request is medically necessary and the recommendation is for authorization.