

Case Number:	CM15-0066431		
Date Assigned:	04/14/2015	Date of Injury:	04/26/2010
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 patient who sustained an industrial injury on 04/26/2010. Prior treatment to include: physical therapy, and radiography. A follow up visit dated 01/16/2013 reported that patient with a history of left shoulder pain for a few years. She has been treated for adhesive capsulitis with physical therapy without improvement. There has not been recent therapy course and she has never had magnetic resonance imaging. The majority of the pain is at the lateral aspect of the shoulder but radiates into the neck muscles. The impression noted left shoulder adhesive capsulitis, recommending magnetic resonance imaging be performed. A physical therapy visit note dated 03/02/2015 reported the patient diagnosed with left shoulder disorder of bursae, tendons in shoulder region; muscle weakness, and pain in shoulder joint region. She was referred under a diagnosis of left shoulder rotator cuff tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6: 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 Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface 1/2 Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient is under physical therapy for the left shoulder. There is no documented reason why the patient could not do the same exercises at home for the right shoulder. The treating physician did not state a specific functional need for PT for the right shoulder. As such, the request for additional physical therapy 2x6 is not medically necessary.