

Case Number:	CM15-0067240		
Date Assigned:	04/14/2015	Date of Injury:	04/12/2002
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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 46-year-old female, with a reported date of injury of 04/12/2002. The diagnoses include right shoulder superior labrum anterior and posterior (SLAP) lesion. Treatments to date have included an MRI of the right shoulder, physical therapy, and Motrin. The progress report dated 02/18/2015 indicates that the injured worker had ongoing right shoulder and right upper extremity pain. It was noted that she just completed six sessions of physical therapy for the right shoulder, and was having increased range of motion with decreased pain. The objective findings include almost full range of motion and continued limited external rotation. The treating physician requested additional physical therapy for the right shoulder. The physical therapy report dated 02/09/2015 indicates that the physical therapist recommended work on improving range of motion and weakness and postural correction to maximize shoulder range of motion and to eliminate impinging motions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (right shoulder) Qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 98-99, Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

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 is more than 10 years status post work-related injury and underwent a bight biceps repair in July 2012. When seen, she had completed 6 physical therapy treatments with improved range of motion. In terms of physical therapy, patients are expected to continue active therapies at home. 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 TheraBands and a home pulley system for strengthening and range of motion. Providing the number of additional skilled physical therapy sessions being requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.