

Case Number:	CM15-0071996		
Date Assigned:	04/22/2015	Date of Injury:	06/30/2014
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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 32 year old female, who sustained an industrial injury on 6/30/14. She reported pain in her left shoulder related to pushing a heavy object. The injured worker was diagnosed as having left shoulder bursitis and impingement. Treatment to date has included physical therapy x 8 sessions, a left shoulder MRI and pain medications. As of the PR2 dated 3/13/15, the injured worker reports 8/10 pain in the left shoulder with radiating pain up to her trapezius area and below her shoulder blade. She indicated previous physical therapy helped alleviate her pain. The treating physician noted that most of the pain is in the cervical and thoracic musculature and radiates down her arm to the forearm. The treating physician requested physical therapy 2x weekly for 4 weeks for the cervical and thoracic spine

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2 times weekly for 4 weeks, 8 sessions) C-Spine (cervical) /T-Spine (thoracic) 97001 97550 97110 97112 97116 97140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99 Page(s): 98-99. 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 nearly one year status post work-related injury and continues to be treated for left shoulder pain with treating symptoms. Prior treatments have included completion of 8 physical therapy sessions with improvement in pain. When seen, however, there had been no overall improvement. Being requested is an additional eight treatment sessions. The claimant is more than six months status post injury and, therefore, the chronic pain treatment guidelines apply. 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. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Finally, if further physical therapy were indicated, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected. The number of visits requested, therefore is also in excess of the applicable guidelines and not medically necessary.