

Case Number:	CM15-0073133		
Date Assigned:	04/23/2015	Date of Injury:	04/02/2007
Decision Date:	06/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old female, who sustained an industrial injury on 4/02/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having status post left shoulder surgery and adhesive capsulitis. Treatment to date has included diagnostics, medications, and surgical intervention (date not specified). Currently (3/27/2015), the injured worker complains of having problems with power grasping, lifting greater than 5 pounds, and reaching above shoulder level. Medication use included Naprosyn. The treatment plan included physical therapy (3x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left shoulder, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing pain in the neck and in the left shoulder that went into the elbow and left hand numbness. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for twelve physical therapy sessions for the left shoulder done three times weekly for four weeks is not medically necessary.