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| Case Number: | CM15-0076660 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 03/20/2009 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61-year-old female who sustained a work related injury March 20, 2009, due to cumulative trauma to the left shoulder. Past history included carpal tunnel release, bilateral, and right shoulder arthroscopy and rotator cuff repair. According to a treating physician's progress report, dated March 11, 2015, the injured worker presented with significant pain in her shoulders, rated 5-6/10. She was seen in February, 2015, for surgical evaluation regarding left shoulder pain (report present in medical record). The left shoulder has a mild decreased abduction with moderate tenderness of the subacromial area. Diagnoses included chronic pain syndrome; rotator cuff rupture bilateral s/p right shoulder surgery; bicipital tenosynovitis; osteoarthritis, shoulder. Treatment plan included continue with medication and request for authorization for physical therapy 2 x 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week for 5 weeks for bilateral shoulders: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter and therapy pg 27.

Decision rationale: According to the guidelines, up to 10 sessions of therapy is recommended for shoulder strain related to the rotator cuff. She does have a partial thickness tear of the supraspinatus, which would allow up to 20 sessions of therapy. The treating physician deferred surgery and recommended 10 sessions of therapy which is medically necessary.