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| Case Number: | CM15-0090055 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 07/21/2013 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: California

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 30 year old female, who sustained an industrial injury to the right shoulder on 07/21/2013. Documented treatments and diagnostic testing to date has included conservative care, medications, physical therapy for the right shoulder, and right shoulder surgery. Currently, the injured worker complains of bilateral shoulder pain. Pertinent objective findings of the right shoulder include mild tenderness over her before meals joint, restricted range of motion, mildly positive Neer's test, and decreased strength. The left shoulder has good range of motion, and a positive Neer's test indicating impingement pathology. The progress notes are bit contraindicative, and the treating physician appears to note in his report that the injured worker had only attended 3 physical therapy sessions again. "The situation becomes untenable and the fact that every time she goes she loses the ground that she had from the delay so the therapy really doesn't help her she is just finding to get back to where she was when she did not have physical therapy." However, there are physical therapy notes showing that the injured worker has attended 21 of 21 physical therapy sessions without significant improvement. Current diagnoses include strain/sprain of the bilateral rotator cuff. The request for authorization includes 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 21 prior PT sessions, but there is no clear documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. As such, the currently requested additional physical therapy is not medically necessary.