

Case Number:	CM15-0090210		
Date Assigned:	05/14/2015	Date of Injury:	11/01/2007
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
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 59 year old female, who sustained an industrial injury on 11/1/2007. She reported injury throughout the bilateral shoulders, cervical spine and bilateral wrists as a result of repetitive work. Diagnoses have included bilateral shoulder pain and dysfunction, bilateral shoulder impingement bursitis and rotator cuff tendinosis, bilateral shoulder acromioclavicular joint arthrosis and status post cervical spine surgery with bilateral hand and wrist residuals. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 3/25/2015, the injured worker complained of bilateral shoulder pain and discomfort rated 7/10. She complained of constant neck pain rated 7/10 with stiffness and muscle tension. She also complained of constant pain in hands. Physical exam revealed tender acromioclavicular joints. There was positive impingement bilaterally. The injured worker was temporarily totally disabled. Authorization was requested for physical therapy for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for additional 6 sessions of 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 9 PT sessions in 2015 with noted benefits, but no clear documentation of objective functional improvement. The patient is having acute flare up of her pain, it is unclear why this cannot be addressed within the context of an independent home exercise program. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS which is 10 visits over 8 weeks. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.