

Case Number:	CM15-0094426		
Date Assigned:	05/21/2015	Date of Injury:	01/12/2012
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, 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 62 year old female with an industrial injury dated 01/01/1992-04/09/2012 (cumulative trauma). Her diagnoses included status post right shoulder scope/decompression/Mumford procedure, cervical spine strain/sprain and right wrist carpal tunnel syndrome on 12/17/14. Co morbid diagnosis was diabetes on oral hypoglycemic. Prior treatment included epidural steroid injection, physical therapy and surgery. She presents on 04/03/2015 post 12-16 physical therapy sessions to right shoulder. She notes improvement but is having problems with internal rotation and abduction which affects activities of daily living. Right shoulder was tender on exam with positive crepitus. The patient has had limited range of motion and tenderness on palpation of the right shoulder. Treatment request is for 2 additional physical therapy sessions for instruction in home exercise and resistance chair. The medication list includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 sessions: Upheld

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

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

Decision rationale: The guidelines cited below states, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". She presents on 04/03/2015 post 12-16 physical therapy sessions to right shoulder. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 2 sessions is not medically necessary or fully established for this patient.

Resistance chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers' Comp., online Edition Low back chapter- Exercise Shoulder chapter Gym Chapter: Knee & Leg (updated 05/05/15); Durable medical equipment (DME) memberships.

Decision rationale: ACOEM do not address this request. Therefore ODG used. Per the cited guidelines, While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline: As per cited guidelines, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature". The rationale for requesting specialized exercise equipment like the resistance chair was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. She presents on 04/03/2015 post 12-16 physical therapy sessions to right shoulder. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The rationale for the request for a Resistance chair was not specified in the records provided. The medical necessity of the request for Resistance chair is not medically necessary or fully established for this patient.