

Case Number:	CM15-0098234		
Date Assigned:	05/29/2015	Date of Injury:	07/19/2011
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 69-year-old female, with a reported date of injury of 07/19/2011. The diagnoses include left shoulder pain. Treatments to date have included an MRI of the left shoulder on 12/20/2013 that showed mild osteoarthritis at the acromioclavicular joint, mild subacromial-subdeltoid bursitis, mild supraspinatus and infraspinatus tendinopathy, and intact rotator cuff and labrum; oral medications; physical therapy; steroid injection to the left shoulder which was beneficial; and electrodiagnostic studies of the bilateral upper extremities. The medical report dated 04/28/2015 indicates that the injured worker complained of mild aching in her left wrist and right hand numbness. The physical examination of the bilateral shoulders showed 80% pain with flexion, extension, and abduction, and positive impingement sign. It was noted that the injured worker was undergoing physical therapy for her left shoulder. She continued to have left shoulder pain and reduced range of motion despite physical therapy. The physical therapy report dated 04/09/2015 was the 12th visit. The report indicates that the injured worker had made minimal progress with therapy and she had shown minor improvement in range of motion, strength, and tolerance to functional activity. It was noted that due to the lack of progress with therapy and her upcoming left wrist surgery, the injured worker was discharged from physical therapy until further contact. There was documentation that overall the injured worker felt that the shoulder was about the same. The treating physician requested twelve (12) physical therapy sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This has involved PT to the shoulder, which on prior MRI demonstrated rotator cuff tendinopathy and subacromial bursitis. The functional improvement necessary for extension of PT can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.