

Case Number:	CM13-0021365		
Date Assigned:	03/03/2014	Date of Injury:	07/12/2010
Decision Date:	06/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year-old patient sustained an injury on 7/12/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy for the left shoulder (12 sessions). Report of 7/27/13 from the provider noted the patient with ongoing left shoulder pain. Exam noted left shoulder with tenderness, positive cross body adduction test; positive Hawkin's, O'Brien's and Neer's testing; and limited range of motion. Diagnosis was left shoulder impingement. Request(s) for Physical Therapy for the left shoulder (12 sessions) was non-certified on 8/28/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines - Allow for fading of treatment frequency (from.

Decision rationale: This employee sustained an injury on 7/12/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy for the left shoulder

(12 sessions). Report of 7/27/13 from the provider noted the employee with ongoing left shoulder pain. Exam noted left shoulder with tenderness, positive cross body adduction test; positive Hawkin's, O'Brien's and Neer's testing; and limited range of motion. Diagnosis was left shoulder impingement. Request(s) for Physical Therapy for the left shoulder (12 sessions) was non-certified on 8/28/13 citing guidelines criteria and lack of medical necessity. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the employee striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The Physical Therapy for the left shoulder (12 sessions) is not medically necessary and appropriate.