

Case Number:	CM13-0045807		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2012
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a female patient with the date of injury of August 3, 2012. A utilization review determination dated October 31, 2013 recommends non-certification of 6 additional physical therapy for the left shoulder 1-2 times a week for 3 weeks, as an outpatient. The previous reviewing physician recommended non-certification of 6 additional physical therapy for the left shoulder 1-2 times a week for 3 weeks, as an outpatient due to lack of documentation of a physical examination of the shoulder indicating any neurologic or orthopedic impairments or specific functional impairments. An office visit dated July 12, 2013 identifies ongoing pain in her neck, left shoulder and left upper extremity associated with a reflex sympathetic dystrophy in her left upper extremity. The patient has been making good progress in physical therapy. The physical exam identifies decreased mobility of the neck with 70 degrees of rotation to the right, but only 20 to the left 45 degrees of lateral bend to the right, 40 degrees of lateral bend to the left, 45 degrees of extension and 25 degrees of forward flexion. She has tenderness in the left sternocleidomastoid and it appears to be in spasm. Patient has 160 degrees of elevation of the left shoulder compared to the right. She has some mild impingement signs in both shoulders. She has improved finger flexion. Impression includes ongoing neck pain with evidence of left sternocleidomastoid spasm, left shoulder pain and residuals of reflex sympathetic dystrophy left upper extremity, primarily involving the index and middle fingers of the left hand. Plan/Recommendations include additional therapy for her neck, left shoulder, and left upper extremity RSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional physical therapy sessions for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for six additional physical therapy sessions for the left shoulder, 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. ODG goes on to recommend up to 10 visits. Within the documentation available for review, it is noted that the patient been making good progress with physical therapy. However, there is no clear indication of any specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the number of PT visits completed to date is unknown. In the absence of clarity regarding those issues, the current request for six additional physical therapy sessions for the left shoulder is not medically necessary.