

Case Number:	CM14-0000940		
Date Assigned:	01/22/2014	Date of Injury:	08/17/2009
Decision Date:	03/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 45 year-old patient sustained an injury on 8/17/09 while employed by [REDACTED]. Request under consideration includes Physical therapy 2x4. Diagnoses include chronic cervical and shoulder girdle myofascial pain; s/p right shoulder arthroscopic decompression, subscapularis repair on 4/5/12. Report of 12/10/13 from [REDACTED] noted ongoing pain in bilateral shoulders and neck/girdle. Exam showed full range of motion with diffuse myofascial tenderness posterior shoulder and periscapular area; painful cervical rotation. Request for additional PT of 8 sessions was non-certified on 12/4/13 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 2 x 4: 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 Therapy Page(s): 98-99.

Decision rationale: This 45 year-old employee sustained an injury on 8/17/09 while employed by [REDACTED]. Request under consideration includes Physical therapy 2x4. Diagnoses

include chronic cervical and shoulder girdle myofascial pain; s/p right shoulder arthroscopic decompression, subscapularis repair on 4/5/12. Report of 12/10/13 from the treating physician noted ongoing pain in bilateral shoulders and neck/girdle. Exam showed full range of motion with diffuse myofascial tenderness posterior shoulder and periscapular area; painful cervical rotation. Review indicates the employee has received 12 recent physical therapy visits and is doing home exercise. 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports shows no evidence of functional benefit, 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 at least 12 therapy sessions per reports without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the employee has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2x4 is not medically necessary and appropriate.