

Case Number:	CM14-0004958		
Date Assigned:	05/23/2014	Date of Injury:	06/13/2013
Decision Date:	06/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 25 year-old patient sustained a shoulder injury on 6/13/13 from descending a ladder while employed by [REDACTED]. Request under consideration include outpatient additional physical therapy (PT) for the left shoulder, two (2) times per week over four (4) weeks. Diagnoses include shoulder/upper arm joint pain; neck sprain; and shoulder region disease. Report of 12/10/13 from the provider noted patient with continued shoulder pain complaints rated at 7/10 on VAS. Review indicated the patient has received 16 physical therapy sessions to date. Report of 2/20/14 noted patient with ongoing left shoulder pain unchanged from previous visit and has been receiving chiropractic treatment with persistent pain. Exam showed left shoulder with anterior tenderness; flexion/abduction at 130 degrees with equivocal impingement test. Diagnosis was left shoulder impingement syndrome with treatment for continued chiropractic care, medication, and home exercise with modified restrictions of 10 pounds. The request for additional PT was non-certified on 1/7/14 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:

OUTPATIENT ADDITIONAL PHYSICAL THERAPY (PT) FOR THE LEFT SHOULDER, TWO (2) TIMES PER WEEK OVER FOUR (4) WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL THERAPY Page(s): 98-99.

Decision rationale: 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 no clear measurable evidence of progress with previous PT including milestones of increased (ROM) range of motion, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of June 2013. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The outpatient additional physical therapy (pt) for the left shoulder, two (2) times per week over four (4) weeks is not medically necessary and appropriate.