

Case Number:	CM14-0005629		
Date Assigned:	02/05/2014	Date of Injury:	03/07/2013
Decision Date:	10/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 40-year-old male with a reported date of injury on 03/07/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left shoulder impingement syndrome and left shoulder acromioclavicular arthrosis. His previous treatments were noted to include physical therapy and medications. The physical therapy note dated 08/21/2013 revealed the range of motion to the left shoulder flexion was within normal limits, extension was to 30 degrees, abduction was to 110 degrees, adduction was within normal limits, internal/external rotation was to 30 degrees. The progress note dated 12/20/2013 revealed complaints of left shoulder pain rated 4/10. The physical examination revealed tenderness of acromiale, mostly in the anterior aspect of the hook area of the acromion, and subacromial from the lateral portion. The posterior musculature is only slightly tender at this point. Impingement syndrome still creates some pain but it is much less than it was prior to the course of medicine. The range of motion was noted to be abduction to 160 degrees, flexion was to 170 degrees, internal rotation was to 80 degrees, and external rotation was to 70 degrees. The request for authorization form dated 12/13/2013 was for physical therapy 2 x 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (with an RPT) for the Left Shoulder, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The injured worker has completed previous 16 sessions of physical therapy 2013. The California Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The injured worker has measurable functional deficits from 12/2013 as well as quantifiable functional improvements from physical therapy sessions. The injured worker completed approximately 16 sessions of physical therapy by 08/2013 and the documentation provided indicated 6 additional physical therapy sessions has been approved. There is a lack of documentation regarding the most recent physical therapy sessions with measurable functional deficits and quantifiable functional improvements. Additionally, the request for 8 sessions of physical therapy exceeds guideline recommendations. Therefore, the request for Physical Therapy (with an RPT) for the Left Shoulder, 8 sessions is not medically necessary.