

Case Number:	CM14-0005758		
Date Assigned:	02/05/2014	Date of Injury:	04/24/2013
Decision Date:	07/28/2014	UR Denial Date:	12/18/2013
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 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 43-year-old patient sustained an injury on April 24, 2013 while employed by [REDACTED]. Request under consideration include physical therapy 3 times per week for four weeks to the right shoulder. Diagnoses include Right shoulder impingement syndrome. There is no surgical history noted. Conservative care has included physical therapy, acupuncture, medications, and activities modification/rest. Report of September 20, 2013 from the provider noted the patient with unchanged pain complaints; however, noted physical therapy helps with shoulder (The rest hand-written notes was illegible). No objective findings recorded except for blood pressure and pulse and noted "unchanged." Treatment was to continued with physical therapy 2x4, FCE, and patient to remain off work. Report of October 31, 2013 from the provider noted the patient with complaints of continuous pain in both shoulders, more on right with popping, clicking and grinding sensation. There is also reported right elbow numbness and tingling. Exam showed right shoulder with decreased range of motion in forward flexion and abduction at 128/180 degrees respectively; positive impingement sign. The request for physical therapy three times per week for four weeks to the right shoulder was non-certified on December 18, 2013 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 3 TIMES PER WEEK FOR 4 WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: This 43-year-old patient sustained an injury on April 24, 2013 while employed by [REDACTED]. Request under consideration include physical therapy three times per week for four weeks to the right shoulder. Diagnoses include Right shoulder impingement syndrome. There is no surgical history noted. Conservative care has include physical therapy, acupuncture, medications, and activities modification/rest. Report of September 20, 2013 from the provider noted the patient with unchanged pain complaints; however, noted physical therapy helps with shoulder (The rest hand-written notes was illegible). No objective findings recorded except for blood pressure and pulse and noted "unchanged." Treatment was to continued with PT 2x4, FCE, and patient to remain off work. Report of October 31, 2013 from the provider noted the patient with complaints of continuous pain in both shoulders, more on right with popping, clicking and grinding sensation. There is also reported right elbow numbness and tingling. Exam showed right shoulder with decreased range of motion in forward flexion and abduction at 128/180 degrees respectively; positive impingement sign. 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 show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status, remaining off work. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for nine to ten visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 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 request for physical therapy to the right shoulder, three times weekly for four weeks, is not medically necessary or appropriate.