

Case Number:	CM14-0006785		
Date Assigned:	02/07/2014	Date of Injury:	03/07/2005
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 & 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:

The patient has submitted a claim for left shoulder pain associated with an industrial injury date of March 7, 2005. The treatment to date has included medications, steroid injections, and right shoulder diagnostic and operative arthroscopy, and an unknown number of physical therapy sessions since 2009. The medical records from 2013 were reviewed, which showed that the patient complained of left shoulder pain. On physical examination, O'Brien's maneuver was positive at the left shoulder but impingement, supraspinatus, and apprehension tests were negative. A utilization review from January 7, 2014 denied the request for physical therapy (PT) x 12 visits, left shoulder because the objective information provided did not support the diagnosis of impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT TIMES TWELVE (X 12) VISITS LEFT SHOULDER: 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 Page(s): 98-99.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the MTUS 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. In this case, a request for physical therapy on a three times a week basis for four weeks was made to strengthen the left shoulder musculature. However, the medical records revealed that the patient already underwent an unknown number of physical therapy sessions since 2009 but functional gains were not documented. Furthermore, the medical records failed to show patient participation in a home exercise program following previous therapy sessions, which is recommended by the MTUS guidelines. There is no clear indication for physical therapy at this time; therefore, the request is not medically necessary.