

Case Number:	CM14-0104641		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2013
Decision Date:	09/25/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 40-year-old female with a 10/30/2013 date of injury. A specific mechanism of injury was not described. On 7/1/14, the determination was non-certified given unknown number of previous therapy sessions completed and unknown functional benefits through those sessions. The 6/23/14 progress note identified that the patient was a little better in the neck and upper back area. She still had pain radiating to the neck all the way down to the 4th and 5th digits of the left hand. She feels she has moderate pain in the left shoulder, left elbow, and left hand. The patient was released to light duty. Exam revealed cervical 70% range of motion and thoracic 50% range of motion; lumbar spine had mild to moderate muscle spasms; full range of motion of the bilateral shoulders without crepitus, no swelling and no increased warmth. The 2/3/14 physical report identified that 6 sessions were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of physical therapy for the left shoulder, 3 times a week for two weeks as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 98-99, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <ODG Physical

Therapy Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. The patient apparently had 6 physical sessions completed with some improvement. There was continued shoulder pain, however, no deficits on examination. There was no clear indication for the necessity of continued therapy in light of normal range of motion. The specific goals to attain with these sessions were not delineated and there was no rationale explaining why the patient could not continue rehabilitation with a home exercise program. As such, this request is not medically necessary.