

Case Number:	CM14-0012760		
Date Assigned:	02/21/2014	Date of Injury:	01/23/2012
Decision Date:	07/15/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 is a 54-year-old female who has submitted a claim for left shoulder sprain/strain and bursitis/tendinitis associated with an industrial injury date of January 23, 2012. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent left shoulder pain accompanied by occasional finger numbness/tingling. Movement aggravated the pain. On physical examination, there was limitation in the range of motion of the left shoulder. Left shoulder tenderness and muscle spasms were also noted. The treatment to date has included medications, steroid injections, and an unknown number of physical therapy sessions. A Utilization Review from January 15, 2014 denied the request for physical therapy 3 times a week for 4 weeks because the patient has reached the amount of therapy normally suggested for her condition in the evidence-based guidelines with no documentation in the clinical records as to why the patient needs more than usual skilled therapy care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In addition, the Official Disability Guidelines recommend 10 visits for 8 weeks for sprained shoulder. In this case, the patient underwent physical therapy previously, however, the total number of sessions completed was not documented. Moreover, there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. Progress reports failed to indicate exacerbation of symptoms and objective findings that may warrant additional PT. Notes were handwritten and somewhat illegible. The medical necessity for re-enrollment to therapy was not established. Furthermore, the present request would exceed the number of physical therapy visits for the cervical spine and shoulder as recommended by the guidelines. Therefore, the request for Twelve (12) Physical Therapy for Left Shoulder is not medically necessary.