MAXIMUS Federal Services

Case Number:	CM14-0114058		
Date Assigned:	09/18/2014	Date of Injury:	10/14/2013
Decision Date:	12/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/14/2013. A utilization review determination dated 7/14/2014 recommended non certification for the requested 8 visits of physical therapy for the left shoulder stating there was a lack of objective deficits to support formal therapy and that the request exceeded the guideline recommendations for therapy of the shoulder. A progress report dated 6/27/14 indicates that the patient came in for follow up of her chronic left shoulder pain. She has had a shoulder injection recently and had significant improvement in symptoms. She complained of occasional sharp pain with reaching or twisting but on the day of the visit reported she was pain free. Objective findings indicate that the patient had full, pain-free range of motion of the left shoulder with abduction and internal rotation. Her rotator cuff strength was rated at 5/5 and she had a negative empty can test. She had a positive speeds test, Hawkins test and apprehension sign. Diagnoses were pain in joint shoulder, unspecified disorder bursae tendons shoulder, and enthesopathy hip region. Treatment plan indicates she should return to physical therapy for the shoulder and hip, if she continues to do well consider making her permanent and stationary. An MRI done on 2/4/14 of the left shoulder shows a small cyst in the inferior glenoid, small spur present from the inferior articular surface of the humeral head and a tiny amount of fluid was described along with mild degenerative changes. A progress note dated 3/17/14 indicates that the patient has already been to 14 physical therapy sessions and has an exercise program in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder - 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, MTUS Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and the remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of therapy sessions the patient has already undergone in addition to the number currently requested exceeds the amount of physical therapy recommended by the California MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.