

Case Number:	CM14-0130431		
Date Assigned:	08/20/2014	Date of Injury:	11/02/2010
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 64 year-old Custodian sustained an injury on 11/2/10 from tripping over paper striking his right knee on a file cabinet while employed by [REDACTED]. The request under consideration is 12 sessions of physical therapy to the left shoulder. QME report of 6/22/11 noted diagnoses of left shoulder rotator cuff tear; right knee lateral meniscus tear; SI joint dysfunction; and lumbosacral strain/sprain. Future treatment may include surgery. Electrodiagnostic studies of lower extremities on 10/5/11 showed no lumbosacral radiculopathy. The patient underwent left shoulder arthroscopy on 4/8/13. AME pain specialist on 12/5/13 noted the patient to be P&S. Report of 4/8/14 noted patient continuing to work, had back brace, knee brace, TENS unit and hot/cold wrap. The patient was prescribed Norco and Naproxen. Report of 5/15/14 from the provider noted patient with left shoulder stiffness and limited ROM but pain had improved. Report of 7/7/14 had Rx for 12 sessions of physical therapy to left shoulder. The request for 12 sessions of physical therapy to left shoulder was non-certified on 7/21/14 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:

12 sessions of Physical therapy to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Initial Care, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy.

Decision rationale: 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 physical therapy 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, nonspecific clinical findings, and work status. 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 physical therapy with fading of treatment to an independent self-directed home program. The employee has received physical therapy visits for the arthroscopic repair over 17 months ago; however without identified number of visits or demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic shoulder repair over a rehab period of 3-4 months. The 12 sessions of physical therapy to left shoulder are not medically necessary and appropriate.