

Case Number:	CM14-0130845		
Date Assigned:	08/20/2014	Date of Injury:	06/18/2008
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 40 year-old patient sustained an injury on 6/18/08 from a trip and fall while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3 x week x 6 weeks. Report of 6/6/14 from the provider noted the patient with left shoulder pain radiating into her neck with cramping and numbness in both hands. Exam showed tenderness to palpation on bicep tendon greater tubercle, infraspinatus, and upper trapezius; full symmetrical range of motion. Diagnoses include left shoulder sprain with possible internal derangement. Treatment included PT. Hand-written illegible physical therapy report of 7/2/14 noted the patient with left shoulder range of flex/abd/extension/IR 149/140/36/T9; motor strength of 4-4+ on left shoulder. Completed number of Physical Therapy sessions was not stated. The request(s) for Physical Therapy 3 x week x 6 weeks was non-certified on 7/17/14 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:

Physical Therapy 3 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines - Treatment in Workers Compensation, Online Edition; Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The 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. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2008. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The Physical Therapy 3 x week x 6 weeks is not medically necessary and appropriate.