

Case Number:	CM14-0151679		
Date Assigned:	09/19/2014	Date of Injury:	08/06/2013
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 claimant injured her left shoulder on 08/06/13 when she slipped and fell. Physical therapy is under review. Her diagnoses include left shoulder impingement and partial rotator cuff tear. She has been certified for 12 Physical Therapy visits for this injury. On 12/30/13, 12 Physical Therapy sessions were certified. On 04/07/14, she stated she felt the same. Physical therapy was recommended and she did not want a cortisone injection. On 06/16/14 she had headache, left shoulder pain radiating to the elbow, weakness, and numbness. Left shoulder exam revealed tenderness, decreased range of motion, and muscle strength at 4/5. An MRI of the left shoulder on 10/03/13 revealed a partial-thickness tear with moderate tendinosis of the distal rotator cuff with a small amount of fluid in the subacromial subdeltoid bursa and moderate impingement from the acromial bursa. She stated on 08/25/14 that she was not interested in cortisone injections or surgery and only wanted Physical Therapy. On 07/28/14, her left shoulder was unchanged. Forward flexion was 160, abduction 120, extension 15, internal rotation 40, external rotation 70. Physical Therapy for 12 visits was denied twice. She was given Naprosyn. She reportedly had only had one session of PT. On 05/19/14, physical therapy was recommended. There were signs of impingement. On 08/25/14, she complained of pain in the left shoulder, arm, and elbow with weakness and numbness. Physical examination was unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder - physical therapy

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of PT at this time. The claimant was approved for 12 sessions of PT and only attended one visit. No explanation is given as to why she did not complete the approved sessions. The ACOEM Guidelines for acute injury state as optional, "a short course of supervised exercise instruction by a therapist." The ODG recommend up to 10 sessions for acute injuries. The MTUS Chronic Pain Guidelines state "physical medicine treatment may be indicated for some chronic conditions and 'patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.'" The approved 12 visits of PT should have been a reasonable number of treatment sessions and there is no indication that an additional 12 visits are medically necessary at this time. There is no evidence that the claimant requires extensive supervised rehab for her chronic condition and the anticipated benefit to her of these additional 12 visits of PT has not been described. The medical necessity of this therapy has not been clearly demonstrated.