

Case Number:	CM14-0152013		
Date Assigned:	09/22/2014	Date of Injury:	04/24/2013
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
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 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 43-year-old patient sustained an injury on 4/24/13. The request under consideration is for Physical Therapy (PT) 3 times a week for 4 weeks for the right shoulder. Diagnoses include right shoulder impingement and cervical radiculopathy. The patient continues to be treated for chronic ongoing cervical and lumbar spine and right shoulder symptoms. Conservative care has included medications, therapy, and modified activities/rest. Medication listed is Norco. Report of 8/14/14 from the provider noted the patient with neck and back pain. Exam showed tenderness and spasm over paravertebral muscles of the cervical and lumbar spine; decreased range in flex/extension; discomfort with right upper extremity elevation at approximately 95 degrees; positive Hawkin's; decreased sensation in upper C6, C7 and lower L5 and S1 dermatomes bilaterally. Treatment included MRIs, electrodiagnostic studies, PT, and opioid medication. The request for Physical Therapy 3 times a week for 4 weeks for the right shoulder was non-certified on 9/10/14 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 (PT) 3 times a week for 4 weeks for the right shoulder: Upheld

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

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

Decision rationale: Records indicate the patient has completed at least 16 PT visits without functional change. 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 PT treatment already rendered, such as milestones of increased range of motion (ROM), strength, and functional capacity. A review of submitted physician reports shows no evidence of functional benefit and unchanged chronic symptom complaints, 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 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support more formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated an indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 3 times a week for 4 weeks, right shoulder is not medically necessary and appropriate.