

Case Number:	CM14-0158310		
Date Assigned:	10/10/2014	Date of Injury:	11/08/2010
Decision Date:	11/08/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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:

The injured worker suffered an industrial injury on November 8, 2010. The industrially related diagnoses include left wrist pain, left shoulder pain, shoulder impingement syndrome, strain of the triangular fibrocartilage complex. The patient has had conservative treatment with physical therapy, home exercises, home shoulder pulley system, pain medications, 20 sessions of acupuncture, and cold therapy. The patient subsequently underwent left shoulder surgery with subacromial decompression on 6/2/2014. The patient to date has had 36 physical therapy visits. The dispute issue is a request for additional physical therapy. This was non-certified in a utilization review determination on 9/10/14 on the basis that the documentation was insufficient. Specifically, the reviewer mentioned that the last note was not from the treating physician but rather from the physical therapists, and lacked specific functional goals and an estimated time frame of future therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy sessions for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone Physical Therapy and according to the claim's administrator has had 36 sessions. There is no comprehensive summary of what functional benefit the worker gained from past Physical Therapy. The submitted documentation is lacking this information, and a part for a snow on July 9, 2014 simply States for the patient to commence left shoulder physical therapy and utilize the home shoulder pulley system and Therabands. Therefore, additional eight (8) Physical Therapy sessions for Left Shoulder are not medically necessary and appropriate.