

Case Number:	CM14-0167027		
Date Assigned:	10/14/2014	Date of Injury:	09/24/1997
Decision Date:	11/17/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 63 year-old patient sustained an injury to the upper extremities on 9/24/1997 from cumulative trauma. Request(s) under consideration include Continue physical therapy x 8. Diagnoses include Right rotator cuff repair with ongoing pain; left partial rotator cuff tear; chronic myofascial pain; bilateral deQuervain's tenosynovitis; medial/lateral epicondylitis; cervical spondylosis with left upper extremity radicular pain. There is past history of left leg surgery from polio in 1954, 1955, and 1961; s/p lumbar fusion in April and December 2007 (non-industrial); left ankle surgery due to polio in 2011; and right shoulder arthroscopy for rotator cuff repair on 9/27/12. Conservative care has included medications, therapy, cervical nerve root blocks, and modified activities/rest. Reports of 6/10/14, 7/8/14, and 9/9/14 from the provider noted the patient with unchanged chronic symptoms in the shoulders, neck, and elbows rated at 5-9/10 on recent report with tightness at trapezius and elbows were sensitive to pressure. Exam showed more relaxed trapezius; decreased tone in neck and shoulder area; shoulder on left with painful limited range with abductin at 100 degrees; and less sensitive over medial elbows. The request(s) for Continue physical therapy x 8 was non-certified on 9/19/14 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:

Continue physical therapy x 8: 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: The records submitted indicated the patient had attended 7 of 8 PT session per report on 8/20/14. 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 including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, 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 for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for Continue physical therapy x 8 is not medically necessary and appropriate.