

Case Number:	CM14-0167668		
Date Assigned:	10/15/2014	Date of Injury:	09/26/2012
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
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 & 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:

According to the records made available for review, this is a 55-year-old female with a 9/26/12 date of injury. At the time (9/5/14) of request for authorization for additional Physical Therapy twice weekly, left shoulder quantity: 8, there is documentation of subjective (left shoulder and arm pain) and objective (tenderness over anterior aspect of the left shoulder with restricted internal rotation and decreased left shoulder strength) findings, current diagnoses (shoulder sprain/strain, rotator cuff syndrome, shoulder joint pain, and superior glenoid labrum lesion), and treatment to date (physical therapy and medications). Medical report identifies that a structured program of physical therapy is medically necessary due to limited range of motion, decreased strength, functional deficits, clinically relevant pain, and limited ability to perform the essential functions of the job; and the therapy to focus on functional outcome and a goal to return to regular work. The number of previous physical therapy treatments cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice weekly, left shoulder quantity: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprained shoulder; rotator cuff to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of shoulder sprain/strain, rotator cuff syndrome, shoulder joint pain, and superior glenoid labrum lesion. In addition, given documentation that a structured program of physical therapy is medically necessary due to limited range of motion, decreased strength, functional deficits, clinically relevant pain, and limited ability to perform the essential functions of the job; and the therapy to focus on functional outcome and a goal to return to regular work, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify going outside of guideline parameters. In addition, given documentation of previous physical therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments provided to date. therefore, based on guidelines and a review of the evidence, the request for additional physical therapy twice weekly, left shoulder quantity: 8 is not medically necessary.