

Case Number:	CM14-0170428		
Date Assigned:	10/20/2014	Date of Injury:	04/24/2005
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 current 65 year-old previous female Concierge sustained an injury on 4/24/05 after misstepping and falling in a parking lot while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 x week x 6 weeks right shoulder, qty: 12. Diagnoses include bilateral patellofemoral osteoarthritis s/p arthroscopic debridement, chondroplasty, and lateral release on 7/6/07; rotator cuff tear with AC joint arthritis and type II acromion impingement with authorized shoulder arthroscopy with SAD/ Mumford procedure in October 2013 which the patient has deferred; and cervical degenerative disc disease/ radiculopathy/ stenosis. Conservative care has included medications, therapy, Synvisc injections, and modified activities/rest. The patient continues to treat for chronic persistent symptom complaints. Report of 8/25/14 from the provider noted the patient with ongoing pain rated at 5/10, constant in the shoulder with difficulty sleeping on right side; been using Lidoderm patch and Hydrocodone daily to help with increasing function with request for PT for the right shoulder. Exam showed tenderness at right subacromial space; limited shoulder range of abductin to 45 degrees with pain; decreased supraspinatus pain of 4/5. The patient remained P&S with restrictions of no overhead right shoulder use. Diagnoses included right shoulder rotator cuff tendinitis with tear with treatment for PT. The request(s) for Physical therapy 2 x week x 6 weeks right shoulder, qty: 12 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 2 x week x 6 weeks right shoulder, qty: 12: Upheld

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

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

Decision rationale: This current 65 year-old previous female Concierge sustained an injury on 4/24/05 after mis-stepping and falling in a parking lot while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 x week x 6 weeks right shoulder, qty: 12. Diagnoses include bilateral patellofemoral osteoarthritis s/p arthroscopic debridement, chondroplasty, and lateral release on 7/6/07; rotator cuff tear with AC joint arthritis and type II acromion impingement with authorized shoulder arthroscopy with SAD/ Mumford procedure in October 2013 which the patient has deferred; and cervical degenerative disc disease/ radiculopathy/ stenosis. Conservative care has included medications, therapy, Synvisc injections, and modified activities/rest. The patient continues to treat for chronic persistent symptom complaints. Report of 8/25/14 from the provider noted the patient with ongoing pain rated at 5/10, constant in the shoulder with difficulty sleeping on right side; been using Lidoderm patch and Hydrocodone daily to help with increasing function with request for PT for the right shoulder. Exam showed tenderness at right subacromial space; limited shoulder range of abductin to 45 degrees with pain; decreased supraspinatus pain of 4/5. The patient remained P&S with restrictions of no overhead right shoulder use. Diagnoses included right shoulder rotator cuff tendinitis with tear with treatment for PT. The request(s) for Physical therapy 2 x week x 6 weeks right shoulder, qty: 12 was non-certified on 9/10/14. 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 Physical therapy 2 x week x 6 weeks right shoulder, qty: 12 is not medically necessary and appropriate.