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| Case Number: | CM14-0171301 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 07/18/2013 |
| Decision Date: | 12/22/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

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:

This is a 50-year-old male patient who sustained an industrial injury on 07/18/2013. The Patient is diagnosed with lumbar disc displacement without myelopathy, neck sprain and strain, unspecified disorder of joint shoulder. Previous treatment has included physical therapy, medications, left shoulder arthroscopy 01/2014. A request for Physical therapy twice a week for four weeks (8 total sessions) for the left shoulder was non-certified at utilization review on 10/01/14. Reason for denial was not provided. Most recent progress note included for review is dated 09/14/14. The patient reported that the left shoulder pain is unchanged since his last evaluation. Shoulder pain increases with reaching motions and over her shoulder use. Left shoulder range of motion remains limited in flexion, abduction and internal rotation. Low back pain and left leg pain remains constant. Dejerine's and straight leg raise tests are positive for increasing left leg pain. Objective findings revealed patient is status post left shoulder arthroscopy on 01/20/14 including debridement of supraspinatus and superior labrum, subacromial decompression, distal clavicle excision and limited synovectomy. The patient has decreased sensation in the lateral aspect of the left lower leg and 4/5 strength of the left hamstring. Treatment plan was not specified. Extensive physical therapy notes are included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks (8 total sessions) for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine... patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient's injury is chronic and extensive physical therapy has been performed in the past (at least 24 sessions post-operatively according to physical therapy notes provided). There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program. Objective findings on physical examination are minimal. The requested physical therapy twice a week for four weeks (8 total sessions) for the left shoulder is not medically necessary.