

Case Number:	CM14-0028264		
Date Assigned:	06/13/2014	Date of Injury:	06/21/2001
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 is a patient with a date of injury of June 21, 2001. A utilization review determination dated February 5, 2014 recommends noncertification of physical therapy. Noncertification was recommended to due to a history of extensive physical therapy with no documentation of subjective or objective improvement. A progress report dated February 3, 2014 includes subjective complaints indicating that the patient does not have any new injuries. The patient states she has pain over the lateral aspect of her shoulder which worsens with reaching overhead. Physical examination revealed a positive nears test, positive impingement signs, reduced strength, and tenderness over the acromioclavicular joint. Diagnoses include right shoulder rotator cuff tear and left shoulder impingement syndrome. The treatment plan recommends a cortisone injection and a short course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 3 RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions the patient has had previously. Additionally, there is no indication of any objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.