

Case Number:	CM14-0035139		
Date Assigned:	06/23/2014	Date of Injury:	01/23/2014
Decision Date:	08/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational 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 46 year old female has developed a chronic pain syndrome involving multiple areas which include the cervical spine, lumbar spine, bilateral shoulders and left knee. The injury is reported to be cumulative from 10/13/12 thru 1/23/14. She has been treated with right shoulder surgery for a SLAP repair on May 18 '12. She has also received lumbar facet injections in September '12. Records document prior physical therapy in late '13 thru January '14 for the lumbar spine. Then number of sessions is not documented. Records also document an extensive post operative physical therapy course for the right shoulder, but the exact number of sessions is not documented. The lumbar diagnosis includes lower lumbar spondylosis with facet syndrome and possible radiculopathy. The left knee diagnosis is reported to be Pes Anserine Bursitis. No specific diagnosis for the cervical spine or left shoulder is noted in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine, right and left shoulders and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder regarding physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 337; pages (174). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Shoulder, Neck; Physical Therapy.

Decision rationale: The ACOEM supports the use of physical therapy, but often lacks details regarding reasonable amount for a specific diagnosis. In ACOEM a few sessions are recommended for initial treatment of a shoulder strain, limited therapy is recommended for the knee and 1-2 sessions are recommended for the neck. The ODG Guidelines provide the greatest specificity regarding a reasonable amount of physical therapy recommended for specific diagnosis. This patient has had prior physical therapy for the lumbar spine and right shoulder. To evaluate the medical necessity of ongoing physical therapy for the lumbar spine and right shoulder additional details would need to be provided which would include the amount of physical therapy and the resulting treatment success. Regarding the left knee, left shoulder, and neck Guidelines recommend 9-10 visits for strains sprains or osteoarthritis of the joint. The request for 12 sessions exceeds Guideline recommendations. There are no unusual circumstances to support an exception to Guideline recommendations. The request for physical therapy 2X/week for 6 weeks is not medically necessary.