MAXIMUS Federal Services

Case Number:	CM14-0039451		
Date Assigned:	09/12/2014	Date of Injury:	05/13/2011
Decision Date:	12/02/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 patient with a date of injury of May 13, 2011. A utilization review determination dated March 21, 2014 recommends noncertification of physical therapy for the right shoulder. A therapy prescription dated March 7, 2014 recommends therapy 2 times a week for 8 sessions for the right shoulder for an exercise program, to reduce pain, and to improve the range of motion and strength. No physical examination or subjective complaints are listed at that time. A progress report dated January 15, 2014 identifies subjective complaints of neck pain, knee pain, low back pain, and leg pain. The patient states that he is not attending physical therapy and is not working. Objective examination findings revealed tenderness over the right sciatic notch. Diagnoses include right knee medial meniscus tear, status post right knee arthroscopy, cervical disc herniation, lower extremity radiculitis, contusion of the right lower abdomen, right shoulder tendinitis, lateral epicondylitis, cubital tunnel syndrome, contusion of the right knee, and history of diabetes mellitus. The treatment plan recommends continuing medication and obtain an operative report dated November 10, 2013.

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 4 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment

for Workers' Compensation, Online edition, Chapter: Shoulder (Acute and Chronic), Physical therapy; Official Disability Guidelines, Physical Therapy Guidelines

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 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. ODG recommends 10 visits of therapy for rotator cuff syndrome/impingement syndrome. Within the documentation available for review, it is unclear whether the patient has undergone therapy previously. If the patient has undergone therapy previously, there is no documentation of objective functional improvement from previous therapy sessions. If the patient has not undergone therapy previously, the currently requested 8 visits exceeds the number recommended as a trial by guidelines, generally 6 visits or 50% of the maximum amount. Additionally, there is no documentation of objective functional deficits which are to be addressed with the currently requested therapy, that would not be expected to respond to a home exercise program. In the absence of such documentation, the request for Physical Therapy is not medically necessary.