

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0040181 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 01/09/2009 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 Pain Management 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 72 year-old patient sustained an injury on 1/9/09. The request under consideration include physical therapy two 2 times a week for 4 weeks for the left shoulder. The diagnosis list includes gastritis/duodenitis NOS; status post (s/p) left shoulder arthroscopic surgeries in 2009 and 2011; left shoulder adhesive capsulitis. The permanent and stationary report dated 12/7/11 from primary treater noted the patient is s/p left shoulder arthroscopy with subacromial decompression and mini Mumford and rotator cuff repair due to large tear. It was noted the orthopedic provider had advised the patient who understood that the very large rotator cuff tear can not be entirely fix and was debrided on 6/20/11. At that time, the patient reached MMI and was deemed P&S with permanent shoulder residual. Per the current chiropractic provider, an MRI of shoulder in March 2013 show persistent supraspinatus tear; however, orthopedic evaluation has not been approved. A report dated 1/30/14 from the chiropractic provider noted the patient with frequent left shoulder pain that aches and throbs with pins and needles over the left shoulder, rated at 5-6/10. Conservative care has included TENS unit, exercises, medications, and modified activities/rest. Report of 2/14/14 from the provider noted no change in status and noted previous PT had allowed the patient to discontinue narcotic medications and now uses Tylenol as needed. The patient has completed 24 approved therapy visits with current request for PT 8 sessions. The request for physical therapy 2 times a week for 4 weeks of the left shoulder was modified for 2 visits on 3/4/14 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 two (2) times a week x four (4) weeks Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: PT 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 range of motion, strength, and functional capacity. The 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. The 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 PT 2 times a week for 4 weeks for the left shoulder is not medically necessary and appropriate.