

Case Number:	CM14-0043211		
Date Assigned:	06/20/2014	Date of Injury:	04/29/2009
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 55-year-old female who sustained a remote industrial injury on 04/29/09. The patient is diagnosed with internal derangement of the shoulder, status post upper extremities issues, cervical disc degeneration, status post cervical surgery, and degeneration of knees. The mechanism of injury occurred when the patient was carrying a chair and fell down as a child crawled under her leg, causing the patient to hit the right side of her body against a locker. The request for 12 physical therapy sessions, three times a week for four weeks, for the right shoulder was non-certified at utilization review due to the lack of documentation of the number of physical therapy sessions attended and the failure to establish objective deficits for the right shoulder necessitating physical therapy. The most recent progress note provided is 01/20/14. The patient complains primarily of pain involving her knees and right shoulder and an inability to sleep. Physical examination findings reveal restricted neck and right shoulder motion, along with pain on knee motion. The current medications are not provided, although urine drug testing was performed. Re-evaluation of the right shoulder with physical therapy was recommended. The provided documents include a Laboratory Report, date collected 01/20/14, and two separate Supplemental Reports. The patient's previous treatments include a cervical spine fusion at C5-7 with bone grafting, carpal tunnel release surgery, cubital tunnel surgery release, several physical therapy sessions, and medication. Several imaging studies are documented but no reports are provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS, TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

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

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the provided documentation notes that the patient has participated in physical therapy in the past, but the number of sessions or any functional improvement obtained as a result is not delineated. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, the request for twelve physical therapy sessions, three times per week for four weeks to right shoulder is not medically necessary and appropriate.