

Case Number:	CM14-0059908		
Date Assigned:	07/09/2014	Date of Injury:	06/03/2011
Decision Date:	10/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 6/3/11. A utilization review determination dated 4/7/14 recommends modification of physical therapy from 12 sessions to 6 sessions. 37 sessions have been completed since left shoulder surgery on 3/15/13. Last PT visit was 12/27/13. 3/25/14 medical report identifies difficulty with lifting objects, weakness, stiffness, and pain. The patient underwent a Kenalog injection at the last visit that was beneficial somewhat, but she still has some residual pain. On exam, there is forward flexion and abduction to 160 degrees and pain with rotation of the left shoulder. Physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. There was a recent shoulder injection performed and a few physical therapy sessions may be reasonable to help progress the patient back into an independent home exercise program. The prior utilization reviewer did modify the request from 12 sessions to 6 sessions. However, the current request for 12 sessions exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.