

Case Number:	CM14-0081937		
Date Assigned:	07/18/2014	Date of Injury:	09/11/2013
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 40-year-old female with a 9/11/13 date of injury. At the time (5/27/14) of the Decision for Additional Physical therapy to bilateral shoulders 3 x a week for 4 weeks, there is documentation of subjective 7/10 pain to left and right shoulders, and objective not specified findings; imaging findings that were reported, left shoulder the MRI dated, 04/1/14 revealed acromioclavicular osteoarthritis and bursitis; report not available for review. There is also reported right Shoulder, the MRI dated, 4/1/14 revealed mild bursitis, report not available for review. The current diagnoses: acromioclavicular osteoarthritis, of the left shoulder, disorders of bursae, and tendons in shoulder region. The treatment to date: physical therapy 10 sessions completed to date, with improvement and a home exercise program. There is no documentation of remaining functional deficits, that would be considered exceptional factors to justify exceeding guidelines, and functional benefit or improvement as a reduction in work restrictions, there is an increase in activity tolerance and/or a reduction in the use of medications, as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy to bilateral shoulders 3 x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain, not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention, should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of arthritis not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy, and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of, acromioclavicular osteoarthritis of the left shoulder, and disorders of bursae and tendons in shoulder region. However, there is documentation of 10 physical therapy sessions completed to date, which exceeds guidelines. In addition, there is no documentation of remaining functional deficits that would be considered exceptional factors, to justify exceeding guidelines. Furthermore, despite documentation of improvement with physical therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical therapy to bilateral shoulders 3 x a week for 4 weeks is not medically necessary.