

Case Number:	CM14-0086794		
Date Assigned:	07/23/2014	Date of Injury:	06/11/2012
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 58 year-old patient sustained an injury on 6/11/12 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include physical therapy 6 visits, right shoulder. Report from the provider dated 4/18/14 noted severe right shoulder pain rated at 8/10; had surgery on 11/20/13; lower back pain rated at 7/10; right hand/elbow pain; taking medications. Exam showed decreased shoulder range; palpable tenderness; limited L/S range with positive SLR; tenderness of bilateral hands. Diagnoses included L/S disc protrusion/ radiculopathy; s/p right shoulder impingement; Dupuytren's contracture of bilateral hands. AME report of 4/22/14 noted patient with neck, right shoulder/ elbow/ wrist and low back pain. Exam showed normal gait; heel and toe walk normal; neck with guarding; slight spasm; limited range; shoulder with abd/flex/IR/ER of 90/100/50/80 degrees; normal elbow and wrist range; DTRs 2+ motor strength 2/5 shoulder flex/rotator/ deltoid; lumbar spine had no tenderness; limited range; normal sensation; DTRs 2+ symmetrical; and 5/5 motor strength. Diagnoses included cervical and lumbar sprain; right shoulder with persistent rotator cuff tear; normal right elbow; normal right wrist; and non-industrial Dupuytren's contracture of ring and small fingers. Treatment included possible right shoulder revision with updated MRI. It was noted the patient did not follow up with appointments due to thinking that the case was C&R; patient resumed post-op PT in April 2014. Diagnoses included right shoulder s/p arthroscopy in November 2013; adhesive capsulitis. Treatment included myofascial release; ultrasound; shoulder stretches and the patient remained off work until 6/25/14. The request(s) for Physical therapy 12 visits, right shoulder was modified for 6 visits on 5/29/14 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 2 x 6, right shoulder: Upheld

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

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

Decision rationale: Physical therapy 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 (ROM), strength, and functional capacity. Review of the submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, or work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. 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 symptoms or clinical findings to support formal PT in a patient that has not functionally improved with therapy. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. As such, the request is not medically necessary.