

Case Number:	CM14-0087722		
Date Assigned:	07/23/2014	Date of Injury:	03/26/2014
Decision Date:	10/01/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 is a patient with a date of injury of 3/26/14. A utilization review determination dated 5/18/14 recommended non certification for the 6 additional physical therapy sessions requested for the left shoulder. Non-certification was recommended due to the patients having completed 10/12 physical therapy sessions with minimal remaining objective functional deficits. A progress report dated 5/6/14 identifies subjective complaints indicating that the patient feels improved with physical therapy with pain rated at 4/10. The pain is aching, constant and worse with any movement. Objective findings were tenderness over the left lateral tip of the shoulder and ac joint and the patient had "full range of motion." Range of motion measurements shows Flexion 140 degrees, Extension 40 degrees, Abduction 110 degrees, and Adduction 30 degrees. The patient was found to have a positive Arc test, Supraspinatus/empty can, Hawkins and neers test. Diagnoses include Impingement syndrome and left shoulder rotator cuff syndrome. Treatment plan was to continue Norco and mobic, and complete 2 remaining sessions of PT. An extension request for PT had already been submitted on 5/6/14 and the physician reviewed the open MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT x 6 to the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 104. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 physical therapy visits for the treatment of shoulder impingement syndrome and rotator cuff disorders. Within the documentation available for review it appears that this patient has had substantial improvement with physical therapy and there is very little deficit remaining. There is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the patient has already exceeded the number of therapy sessions recommended by guidelines for his diagnoses. As such, the current request for additional physical therapy is not medically necessary.