

Case Number:	CM14-0092497		
Date Assigned:	07/25/2014	Date of Injury:	10/25/1995
Decision Date:	12/30/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is 49 year old female with an injury 10/25/95. Based on the 05/19/14 progress report provided by treating physician, the patient complains of left shoulder pain. Patient is status post five surgeries to her left shoulder. Examination of left shoulder revealed well-healed arthroscopic portals and limited range of motion. Treater states that the patient "continues to make slow and steady progress with physical therapy." Per 05/19/14 report, the patient is restricted to sedentary work only with limited lifting to 10 pounds and no overhead action with injured shoulder. Treater's reason for requesting continued physical therapy is "because of the nature of her symptoms and the extensive amount of operations." Based on the 07/14/14, treater recommends "another 12 sessions" of physical therapy because the treatment has been beneficial for the patient with progression of range of motion. Patient "continues to have deficits in strength," and "pain with repetitive activities." Per 07/14/14 report, treater recommends home physical therapy kit for "transition from formal physical therapy to home physical therapy regimen." Diagnosis 05/19/14- Industrial injury to the left shoulder- Status post three previous arthroscopic surgeries and one open procedure for the left shoulder in 1995- Left shoulder revision diagnostic and operative arthroscopy, decompression, acromioplasty and debridement 09/13/13 The utilization review determination being challenged is dated 05/29/14. The rationale is "...there are no submitted updated physical therapy progress notes which outline response to care including objective and functional gains." Treatment reports were provided from 05/19/14 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2x6 weeks, to the left shoulder: 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 Medicine Page(s): 98, 99.

Decision rationale: Patient presents with the left shoulder pain. The request is for Physical therapy two times six weeks to the left shoulder. Patient is status post three previous left shoulder arthroscopic surgeries and one open procedure in 1995, and left shoulder revision diagnostic, and operative arthroscopy, decompression, acromioplasty, and debridement on 09/13/13. Diagnosis dated 05/19/14 includes Industrial injury to the left shoulder. Per 07/14/14 report, treater recommends home physical therapy kit for "transition from formal physical therapy to home physical therapy regimen." California MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 05/19/14, treater's reason for requesting continued physical therapy is "because of the nature of her symptoms and the extensive amount of operations." Based on the 07/14/14, treater recommends "another 12 sessions" of physical therapy because the treatment has been beneficial for the patient with progression of range of motion, and patient "continues to have deficits in strength," and "pain with repetitive activities." However, the request for 12 additional sessions exceed what is allowed by MTUS. Treatment is not medically necessary and appropriate.