

Case Number:	CM13-0037150		
Date Assigned:	12/13/2013	Date of Injury:	04/08/2013
Decision Date:	01/31/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Rehab 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 37 year-old patient sustained an injury on 4/8/13 while employed by [REDACTED]. Request(s) under consideration include ADDITIONAL PHYSICAL THERAPY TIMES SIX. Diagnoses include shoulder strain/upper arm repetitive use, left; adhesive capsulitis. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient was either the same or possibly worse. Exam showed some improvement in range of motion, but remained reduced. There was left shoulder minimal tenderness along posterior shoulder/glenohumeral joint; ROM painful and restricted both actively and passively, unable to abduct past 140, forward flexion at 120 degrees; negative drop arm test; with normal sensation and strength. The patient had at least 12 previous PT visits. The request(s) for ADDITIONAL PHYSICAL THERAPY TIMES SIX was modified for 4 sessions on 10/1/13 citing guidelines criteria and lack of medical necessity. Second opinion orthopedist noted the patient had delayed recovery with persistent symptoms beyond expected healing time despite appropriate conservative treatment; there were no red-flags and it would be premature to consider any surgical procedure; however, it range does not improve substantially, the patient may warrant an intra-articular corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 6 times: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 37 year-old patient sustained an injury on 4/8/13 while employed by [REDACTED]. Request(s) under consideration include additional physical therapy 6 times. Diagnoses include shoulder strain/upper arm repetitive use, left; adhesive capsulitis. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient was either the same or possibly worse. Exam showed some improvement in range of motion, but remained reduced. There was left shoulder minimal tenderness along posterior shoulder/glenohumeral joint; ROM painful and restricted both actively and passively, unable to abduct past 140, forward flexion at 120 degrees; negative drop arm test; with normal sensation and strength. The patient had at least 12 previous PT visits. The request(s) for additional physical therapy 6 times was modified for 4 sessions on 10/1/13 citing guidelines criteria and lack of medical necessity. Second opinion orthopedist noted the patient had delayed recovery with persistent symptoms beyond expected healing time despite appropriate conservative treatment; there were no red-flags and it would be premature to consider any surgical procedure; however, it range does not improve substantially, the patient may warrant an intra-articular corticosteroid injection. 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 ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. 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 symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request is not medically necessary and appropriate.