

Case Number:	CM14-0189261		
Date Assigned:	11/17/2014	Date of Injury:	09/01/2006
Decision Date:	02/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 worker was injured on 09/01/2006. The mechanism of the injury was not documented. According to the clinical Encounter Summary dated 10/30/2014, the injured worker (IW) was seen in follow up for management related to complaints of pain in the left shoulder, left knee, neck and left ankle. The worker characterized the pain as constant but variable in intensity and rated it a 5/10 on that date with a usual pain level of 4-6 /10. Pain quality was described as aching, pulsating, stabbing and throbbing that is affected by bending, carrying, pulling, pushing, standing, climbing stairs, driving, and weather change. Alleviating factors included exercise, physical therapy, medication and rest. She has received prior specialty care by a pain medicine and psychiatry specialist and has seen a cardiologist who cleared her for left shoulder surgery which she would like to proceed with. Medications include Norco, Oxycodone, Klonopin, Duragesic patches, Ambien and Soma. No medications are included in this request. Her diagnoses include pain in joint, shoulder region, pain in joint, ankle and foot, cervicgia, and pain in joint lower leg. The IW is disabled. A referral was made on 10/30/2014 to an orthopedic surgeon for left shoulder surgery but no surgery is documented. According to the utilization reviewer, the IW has had 74 physical therapy visits. Physical therapy records from 09/09/2014 through 12/15/2014 are included with the medical record presented at this time. A request was received by the utilization review organization on 11/04/2014 for physical therapy 2xWeek X 3 weeks to the left shoulder. Medical records reviewed included the request for authorization and the encounter and procedures documentation of 10/30/2014. Peer to peer phone contact was attempted on 10/31/2014 and again on 11/03/2014 without success. In a

Utilization Review (UR) letter dated 11/04/2014 the physician reviewer non-certified the request for Physical Therapy 2xWK x 3WK Left Shoulder. CA-MTUS (California Medical Treatment Utilization Schedule) page 99 Physical Medicine Guidelines and ODG-TWC (Official Disability Guidelines Treatment in Worker's Compensation) guidelines for Shoulder, Physical Therapy, Sprained shoulder Rotator Cuff were referenced. An application for Independent Medical Review of the decision was made on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWK x 3WK Left 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 (updated 10/31/2014) Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. MTUS Definitions.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 10 visits for rotator cuff syndrome. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The neurologic evaluation report dated September 3, 2014 documented that the patient had left shoulder arthroscopy with rotator cuff repair and subacromial decompression on 8/21/12. There was physical therapy after this. The patient has left shoulder adhesive capsulitis. The progress report dated October 30, 2014 documented a referral to an orthopedic surgeon for left shoulder surgery. Surgery had not been certified at that time. The 10/30/14 does not document physical examination of the left shoulder. No physical examination of the left shoulder was documented. The utilization review decision letter dated November 4, 2014 documented that patient had 74 authorized physical therapy visits in the past. The 10/30/14 progress report did not document functional improvement with past physical therapy treatments. The request for 6 additional physical therapy visits for the left shoulder is not supported by the medical records. The request for physical therapy is not supported by MTUS guidelines. Therefore, the request for physical therapy two times a week for three weeks (6) for the left shoulder is not medically necessary.

