

Case Number:	CM14-0193820		
Date Assigned:	12/01/2014	Date of Injury:	02/02/2004
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 injured worker is a seventy-three year old female who sustained a work-related injury on February 2, 2004. A request for 9 sessions of Physical Therapy to the right shoulder and right wrist was modified by Utilization Review on October 31, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The UR physician documented that presently there are no definitive cures for the majority of persistent pain and chronic pain must be managed. The self-management approach places primary responsibility on the person with the chronic pain and self-management strategies can significantly improve a patient's function and quality of life which reducing subjective experiences of pain. The UR physician allowed physical therapy to provide fading of treatment frequency, from up to three visits per week to one or less, in addition to active self-directive home physical medicine. A request for Independent Medical Review (IMR) was initiated on November 15, 2014. A review of the clinical documentation submitted for IMR included progress noted from five physical therapy sessions from March 4, 2014 through October 16, 2014. In her evaluation on March 4, 2014, the injured worker complained of pain in the right shoulder which she reported she managed with a home exercise program. The injured worker reported issues related to her left hand trigger finger and used a splint to keep her finger straight. On physical examination her active range of motion (ROM) revealed abduction of 130 degrees and forward flexion of 130 degrees. Her passive ROM in abduction was 140 degrees and forward flexion was 160 degrees. Internal and external rotation strength was rated a 5+. She was given ibuprofen for pain management. In the review of her physical therapy notes, there is no documentation of functional gains and benefits in the injured worker's activities of daily living related to the therapy. In her evaluation of October 16, 2014, the injured worker complained of right shoulder pain and right wrist pain. The right shoulder active ROM was 90-100 degrees and her passive ROM was 140-160 degrees. There

was no documentation of specific functional gains or benefits obtained from the physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and right wrist, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Rehabilitation Section.

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

Decision rationale: This 73 year-old female sustained a work-related injury on 2/2/04. Diagnoses include right shoulder impingement s/p right shoulder SLAP lesion with continued chronic ongoing pain complaints radiating down the arm and wrist associated with intermittent swelling. Conservative care has included medications, therapy, cortisone right shoulder injection, and modified activities/rest. The patient continues to treat with report of 10/16/14 from the provider noting shoulder pain radiating down right arm. Exam showed unchanged findings of limited shoulder range of abd/flex of 90/100 degrees with passive motion of 140/160 degrees; positive impingement sign; pain with O'Brien's/ empty can maneuvers. It was noted current medications are effective. Treatment included continuing with therapy. There was no documentation of specific functional gains or benefits obtained from the physical therapy. A request for 9 sessions of Physical Therapy to the right shoulder and right wrist was modified by Utilization Review on 10/31/14. 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 Physical therapy for the right shoulder and right wrist, twice weekly for six weeks is not medically necessary.