

Case Number:	CM14-0199541		
Date Assigned:	12/10/2014	Date of Injury:	04/15/2013
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 patient sustained an injury on 4/15/13. Request(s) under consideration include outpatient physiotherapy twelve (12) sessions to the left shoulder. Diagnoses include rotator cuff syndrome/sprain/ shoulder joint pain/ shoulder sprain/ adhesive capsulitis/ superior Glenoid labrum lesion s/p left shoulder arthroscopic SAD, Mumford procedure, MUA on 7/10/13; brachial neuritis; synovitis; and ulnar nerve lesion. Conservative care has included medications, therapy, and modified activities/rest. Recent MRI of left shoulder dated 9/18/14 post injection showed prior acromioplasty with degenerative changes, tendinosis of rotator cuff without tear; posterior/inferior labral tear and degenerative disease of gleno-humeral joint space. The patient has completed at least 18 post-op physical therapy sessions. The patient continues to treat for chronic ongoing symptoms. Report of 10/3/14 noted unchanged complaints and exam findings since 5/15/14. Request was for additional physical therapy. The request(s) for outpatient physiotherapy twelve (12) sessions to the left shoulder was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physiotherapy twelve (12) sessions to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It has been over 18 months since arthroscopic surgery; thereby, the Chronic Pain Guidelines are appropriate. 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 physical therapy 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 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 physical therapy 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 for outpatient physiotherapy twelve (12) sessions to the left shoulder is not medically necessary and appropriate.