

Case Number:	CM14-0202654		
Date Assigned:	12/15/2014	Date of Injury:	11/05/2011
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of November 5, 2012. A utilization review determination dated November 3, 2014 recommends noncertification of physical therapy for the shoulders and cervical spine. Noncertification was recommended since the patient has already undergone 23 physical therapy sessions with no documentation of objective functional improvement from prior therapy. A progress report dated October 2, 2014 identifies subjective complaints of consistent cervical spine pain with radiation to the upper extremities. The note states that the patient's pain is unchanged. The patient also has right shoulder pain aggravated by activity. Physical examination findings revealed tenderness to palpation around the cervical spine with decreased range of motion due to pain. There is also tenderness around the shoulders with pain upon range of motion testing. Diagnoses include cervical discopathy, double crush syndrome, right carpal tunnel syndrome, left carpal tunnel syndrome, and shoulder impingement with full thickness tear of supraspinatus tendon and SLAP lesion in both shoulders. The treatment plan recommends continuing a course of therapy for the cervical spine and shoulders. Physical therapy notes indicate that the patient has had numerous therapy visits previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks for Bilateral Shoulders and Cervical Spine Qty: 8.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy, Neck and Upper Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many sessions of physical therapy the patient has already undergone, making it impossible to determine if the patient has already exceeded the guideline recommendation of 20 visits of therapy for the medical treatment of a partial rotator cuff tear. In light of the above issues, the currently requested additional physical therapy is not medically necessary.