

Case Number:	CM14-0208182		
Date Assigned:	12/22/2014	Date of Injury:	12/14/2010
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 December 14, 2010. A utilization review determination dated November 21, 2014 recommends noncertification of physical therapy for the cervical spine and right shoulder. Noncertification was recommended due to a lack of documentation regarding previous sessions of physical therapy and objective functional improvement as a result of those sessions. A physical therapy report dated June 6, 2014 indicates that the patient has undergone 8 visits of therapy for his right shoulder a progress report dated October 15, 2014 identifies subjective complaints of persistent neck and shoulder pain. The pain is made worse with activities. Physical examination findings identified decreased range of motion in the cervical spine with decreased sensation in the right seat 8 dermatome. Reduced strength is noted in the right shoulder. Diagnoses included right shoulder rotator cuff tear status post repair, adhesive capsulitis of the right shoulder, left shoulder rotator cuff syndrome, right upper extremity numbness and radicular pain, and chronic cervical strain. The treatment plan recommends physical therapy for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 200, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) . Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, 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 reached the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.