

Case Number:	CM15-0002684		
Date Assigned:	01/13/2015	Date of Injury:	08/19/2013
Decision Date:	04/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female who reported an injury on 08/19/2013. The mechanism of injury occurred to an industrial related injury. Her diagnoses included left impingement syndrome with partial tear. Her past treatments included 12 physical therapy visits, medications, injections, surgery, and 24 postoperative physical therapy sessions. On 11/26/2014, the injured worker had a postsurgical follow-up for a left shoulder arthroscopy and subacromial decompression. The injured worker complained of increasing pain in the neck that radiated into the left arm. The injured worker was also reporting some symptoms in the right shoulder due to secondary compensatory usage. The physical examination of the left shoulder revealed limited range of motion with improvement. The injured worker was noted to have 90% normal range of motion and was able to bring the arm overhead on her own power with some discomfort. The shoulder range of motion was also indicated to be smooth with minimal crepitus and no evidence of instability. The injured worker was also noted to have pain with rotation to the left with referred pain into the left upper arm but not below the elbow level. The neurological examination was indicated to be intact throughout the upper extremities. Her relevant medications included Etodolac 400 mg and Motrin 600 mg. The treatment plan included continuation of physical therapy, quantity 6. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of physical therapy Qty: 6: Upheld

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

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

Decision rationale: The request for continuation of physical therapy, quantity 6, is not medically necessary. According to the California MTUS Guidelines, patients with conditions of neuralgia, neuritis, and radiculitis may be allowed 8 to 10 physical therapy visits over 4 weeks. The injured worker was indicated to have had 12 physical therapy visits and 24 postoperative physical therapy visits. The documentation also indicated the injured worker had 90% normal range of motion; however, motor strength was not provided. However, there was lack of documentation in regard to the previous physical therapy sessions completed to include objective functional improvement. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, the request as submitted would exceed the number of sessions recommended by the guidelines and does not specify a body region for treatment. As such, this request is not medically necessary.