

Case Number:	CM15-0004396		
Date Assigned:	01/14/2015	Date of Injury:	12/14/2009
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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
 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 65 year old male, who sustained an industrial injury on December 14, 2009. He has reported left shoulder pain. The diagnoses have included status post left shoulder open decompressive surgery, left shoulder tendinitis, residual, and labral tear left shoulder. Treatment to date has included a left shoulder open decompressive surgery, TENS, physical therapy, home exercise program, and oral and topical medications. Currently, the injured worker complains of continued left shoulder pain, unable to sleep at night due to the pain. The Primary Treating Physician's report dated October 14, 2014, noted the injured worker with chronic left shoulder pain, status post left shoulder open decompressive surgery. Physical examination of the left shoulder was noted to show painful range of motion and tenderness to palpation over the acromioclavicular (AC) joint. On December 11, 2014, Utilization Review non-certified physical therapy (PT) two times a week for six weeks for the left shoulder, noting the injured worker had already completed at least forty-six sessions with no documented functional improvement, with no documentation of exceptional indications for therapy extension or why an independent home exercise program would be insufficient to address any remaining functional deficits, therefore the request was not medically necessary. The MTUS, Postsurgical Medical Treatment Guidelines was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of physical therapy (PT) two times a week for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient is status post rotator cuff repair from 2010 and continues with complaints of pain and decreased range of motion. The Current request is for PT 2X6 left shoulder. For physical medicine the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. The medical file provided for review does not include any physical therapy notes. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. Review of QME report dated 7/18/14, indicates the patient had extensive post operative physical therapy and is participating in a home exercise program. The Utilization review indicates that the patient has received at least 46 physical therapy sessions to date. In this case, the treating physician does not discuss why the patient would not be able to continue with a self-directed home exercise program. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request. The requested physical therapy is not medically necessary.