

Case Number:	CM15-0132519		
Date Assigned:	07/20/2015	Date of Injury:	09/04/2011
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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 42 year old male, who sustained an industrial injury on 09/04/2011. He has reported injury to the left shoulder. The diagnoses have included left shoulder pain; brachial plexus lesions; osteoarthritis shoulder region; status post left shoulder arthroscopic Bankart debridement of labrum, on 10/21/2014; degenerative cervical intervertebral disc; degenerative thoracic/lumbar intervertebral disc; and adhesive capsulitis of shoulder. Treatment to date has included medications, diagnostics, sling, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet and Butrans Patch. A progress note from the treating physician, dated 03/03/2015, documented a follow-up visit with the injured worker. The injured worker reported left shoulder pain; his pain was very well controlled when he had access to Butrans patch and Norco; and he was more functional throughout the day and achieved more in physical therapy with the medications. Objective findings included guarded and stiff movements; left upper extremity muscle strength of the major groups is 4/5; and left shoulder range of motion is restricted in all directions. The treatment plan has included the request for physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with pain in the cervical spine and left shoulder. The request is for PHYSICAL THERAPY 2x6. Patient is status post left shoulder surgery 10/21/14. Physical examination to the cervical spine on 01/06/15 revealed tenderness to palpation over the left paracervical muscles and left upper trapezius. Range of motion was decreased in all planes. Examination to the left shoulder revealed tenderness to palpation over the shoulder girdle. Patient's treatments have included medications and physical therapy. Per 03/03/15 progress report, patient's diagnosis include other chronic pain, prim loc osteoarthros shoulder region, pain in joint shoulder region, degen cerv intervertebral disc, degen thor/lumbar intervert disc, and adhesive capsulitis of the shoulder. Patient's medication, per 04/04/15 progress report includes Butrans Patch. Patient is permanent and stationary. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Treater has not discussed this request. Patient is status post left shoulder surgery 10/21/14. Review of the medical records provided indicate that the patient has completed 14 sessions of physical therapy from 11/17/14 to 03/03/15. UR letter dated 06/06/15 indicates that the patient has completed 24 sessions of post-operative physical therapy. The patient continues to suffer with pain in the left shoulder and the cervical spine and a short course of physical therapy would be indicated. However, the requested 12 sessions would exceed what is allowed by MTUS and therefore, the request IS NOT medically necessary.