

Case Number:	CM15-0139280		
Date Assigned:	07/29/2015	Date of Injury:	03/18/2011
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii
 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 52 year old male who sustained an industrial injury on 03/18/11. Initial complaints and diagnoses are not available. Treatments to date include left shoulder surgery, medications, and physical therapy. Diagnostic studies include x-rays of the left shoulder, humerus, elbow, and forearm. Current complaints include left shoulder and neck pain. Current diagnoses include left shoulder contusion with possible sprain, internal derangement, and CTMFS. In a progress note dated 06/10/15, the treating provider reports the plan of care as medications, laboratory studies, and physical therapy. The requested treatments include physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for the left shoulder, three times weekly for six weeks: 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: The attending physician report dated 6-1-15 indicates the patient has ongoing pain in the left shoulder and neck. The current request is for physical therapy sessions for the left shoulder, three times weekly for six weeks. The post surgical MTUS guidelines did not apply in this case as the patient's surgery was more than 6 months before the current request for 18 PT sessions was made. The MTUS guidelines do support physical therapy; however, only 8-10 sessions are recommended for conditions of this nature. This request is for 18 sessions, which exceeds what is allowed for this type of condition. In addition, there was no documentation to indicate that a change in the patient's condition warranted additional PT of the shoulder. Furthermore, there is no indication in the records that the previous physical therapy has provided benefit in the way of decreased pain or increased function. The guidelines do recommend a transition into a home based exercise program and the patient has underwent ample physical therapy sessions to allow for home based, independent exercise program. The available records do not establish medical necessity for the request of 18 physical therapy sessions.