

Case Number:	CM15-0169957		
Date Assigned:	09/10/2015	Date of Injury:	07/21/1994
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 62 year old male, who sustained an industrial injury on July 21, 1994, resulting in pain or injury to the right ankle. Currently, the injured worker reports pain in the left shoulder that radiates down the arm, into the hands and fingers, and into the upper back, and right ankle pain that radiates up the leg and into the calf with swelling. The injured worker also reports constant aching neck pain, constant bilateral ulnar nerve pain, and right shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatment for status posts multiple left shoulder surgeries, and status posts multiple right ankle surgeries. The Primary Treating Physician's report dated August 3, 2015, noted the injured worker rated his left shoulder pain as 6 to 10 on a scale of 1 to 10, and his right ankle pain a 10 on a scale of 1 to 10. The injured worker was noted as having no current medications. Physical examination was noted to show a mild reduction in the active range of motion (ROM) of the left shoulder. The injured worker was noted to have an antalgic gait favoring the right side with active range of motion (ROM) equal bilaterally. The Physician noted the treatment plan included a request for authorization for physical therapy to the left shoulder and right ankle to hopefully strengthen his left shoulder and right ankle. The injured worker's work status was noted to be currently working, remaining permanent and stationary. The treating physician indicates that a left shoulder x-ray revealed an anchor consistent with a labral tear. A right ankle x-ray was noted to reveal slight joint space narrowing of the AP, with the lateral looking satisfactory. Prior treatments have included right foot surgery, left shoulder surgery with physical therapy noted to have no benefit, neck surgery, ankle surgeries with physical therapy, and left shoulder injections.

The documentation provided did not include any other medical reports prior to the August 3, 2015 visit. The request for authorization dated August 3, 2015, requested physical therapy for the left shoulder and right ankle 2x a week for 4 weeks. The Utilization Review (UR) dated August 18, 2015, non-certified the request for 8 physical therapy visits between August 3, 2015, and October 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Physical Therapy; Ankle & Foot (Acute & Chronic): Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post multiple surgeries left shoulder; and status post multiple surgeries right ankle. Date of injury is July 28, 1994 (21 years ago). Request for authorization is August 3, 2015. According to an August 3, 2015 initial new patient orthopedic evaluation, the injured worker is permanent and stationary. Subjective complaints include left shoulder, right ankle, neck and bilateral ulnar nerve pain. There is no documentation reflecting total number of physical therapy sessions to date and no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, 8 physical therapy sessions are not medically necessary.