

Case Number:	CM15-0185372		
Date Assigned:	09/25/2015	Date of Injury:	03/18/2014
Decision Date:	11/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This female sustained an industrial injury on 3-18-14. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, cervical disc protrusions, cervical spine stenosis, thoracic spine sprain and strain, left knee pain and left shoulder status post rotator cuff repair. In a PR-2 dated 2-9-15, the injured worker complained of residual pain and stiffness to the left shoulder. Physical exam was remarkable for left shoulder range of motion: abduction and flexion 145 degrees, 20 internal rotation and 60 degrees external range of motion, pain upon range of motion and 4 out of 5 strength with range of motion. In a PR-2 dated 3-9-15, the injured worker complained of residual pain and stiffness to the left shoulder. The injured worker had undergone left shoulder arthroscopy and rotator cuff repair through a mini-open approach five months prior to exam. The physician stated that the injured worker had completed 18 sessions of physical therapy. Physical exam was remarkable for left shoulder with range of motion: flexion 120 degrees, abduction 115 degrees, internal rotation 5 degrees and external rotation 45 degrees and 4 out of 5 strength on range of motion. The physician recommended six additional sessions of physical therapy. In a PR-2 dated 7-13-15, physical exam was remarkable for left shoulder range of motion: abduction and flexion 130 degrees, internal rotation 0 degrees, external rotation 60 degrees and extension and adduction 20 degrees, with pain at the extremes of motion. The physician recommended additional physical therapy for the left shoulder, three times a week for four weeks. On 8-17-15, Utilization Review non-certified a request for additional physical therapy, three times a week for four 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:

Additional physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with persistent neck and upper back pain as well as left knee and low back pain. The current request is for 12 additional sessions of PT for the left shoulder. The patient is status postoperative left shoulder arthroscopy and rotator cuff repair, 10/14/14. The treating physician requests on 7/13/15 (12B) physical therapy three times a week for four weeks for the cervicothoracic spine. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The PR-2 dated 3/19/15 (41B) notes that 18 sessions of PT have been completed for the shoulder and 6 more were requested. The PR-2 dated 7/13/15 (12B) notes the patient has completed physical therapy for the left shoulder. Although the UR request states PT for the shoulder it seems the physician requested treatment for the cervicothoracic spine. The total number of completed PT visits for the shoulder is unknown. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or document as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.