

Case Number:	CM15-0186415		
Date Assigned:	09/28/2015	Date of Injury:	02/23/2011
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 43 year old female who sustained an industrial injury on 02-23-2011. The injured worker underwent left shoulder arthroscopy, biceps tenodesis and SLAP repair on 12-02-2014. According to a progress report dated 06-16-2015, the injured worker had been sleeping "much better" at least 6-7 hours. She had "slowly" gotten better. She felt overall 30% better than before surgery. She was mostly having issues with persistent weakness. The provider went over electrodiagnostic study results. It was noted that the symptoms that the injured worker were expressing were probably related to the nerve block that she had during her shoulder procedure. Further conservative treatment including therapy was recommended. Impression included left bicipital tenosynovitis, left shoulder joint other derangement instability, left SLAP tear and left neuralgia neuritis not otherwise specified. The provider noted that the left ulnar numbness may be permanent. The treatment plan included continuation of physical therapy and home exercise program. According to the most recent physical therapy progress report submitted for review and dated 07-16-2015 (visit #45), the injured worker was feeling "a little bit better". End range was still painful. Aggravating factors included use of the arm. Assessment included decreased pain in her neck since the last visit and fatigued after therapy. Rehab potential was "good". According to a progress report dated 08-25-2015, the provider noted that the injured worker attended therapy with "improvement on pain reduction over 50% and increased function in some". Medications also helped to reduce pain. Current medications included Norco. Examination of the left shoulder included drop arm test pain at 90, moderately restricted on left side, apprehension testing positive right, Apley scratch test restricted on left side and range of motion forward flexion 70 degrees on left side. The provider noted "improvement" with therapy and "good progress". The treatment plan included med refills and continuation of therapy. The

injured worker was to remain off work for 1 month. An authorization request dated 08-27-2015 was submitted for review. The requested services included continue physical therapy, E-stimulation, exercise and massage 2 times per week for 4 weeks for 8 sessions. On 09-03-2015, Utilization Review non-certified the request for physical therapy, (E-stimulation, exercise and massage) 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 4 Weeks (E-Stim, Exercise, & Massage): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status, remaining off work with continued opiate use. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2011 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 Times a Week for 4 Weeks (E-Stim, Exercise, & Massage) is not medically necessary and appropriate.