

Case Number:	CM15-0193596		
Date Assigned:	10/09/2015	Date of Injury:	12/12/2007
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This 52 year old man sustained an industrial injury on 12-12-2007. Evaluations include right shoulder MRI dated 12-6-2014, lumbar spine MRI dated 11-12-2008, electromyogram of the bilateral upper extremities dated 8-14-2008 and right knee MRI dated 7-17-2015 showing limited effusion. Diagnoses include right shoulder joint pain, right knee joint pain, lumbar disc displacement without myelopathy, neck sprain, sciatica, and carpal tunnel syndrome. Treatment has included oral medications and knee injections. Physician notes dated 7-24-2015 show complaints of neck and low back pain as well as right knee and right shoulder pain. The physical examination shows an antalgic gait, normal muscle tone in all four extremities, normal muscle strength with the exception of right upper extremity abduction which was rated 4 out of 5. The right knee shows trace effusion, tenderness to palpation at the medial and lateral joint lines, and range of motion of 0-110 degrees. Recommendations include Protonix, Tramadol, Gabapentin, Ibuprofen, subacromial steroid injection, physical therapy, possible shoulder surgery if failure to respond, possible surgical intervention of the right knee pending review of MRI, and follow up in four weeks. Utilization Review modified a request for right shoulder physical therapy on 8-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Guidelines.

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.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right shoulder times 12 is 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are pain in joint right shoulder; and sprain and strain of neck. For additional diagnoses see the progress note dated the July 24, 2015. Date of injury is December 12, 2007. Request for authorization is August 12, 2015. The documentation indicates a [REDACTED] is the requesting provider. There are no progress notes in the medical record from [REDACTED]. A progress note from a [REDACTED] dated July 24, 2015 shows the injured worker was authorized 12 physical therapy sessions. The utilization review indicates the injured worker was authorized 12 physical therapy sessions to the shoulder. Subjectively, complaints include neck pain, low back pain, right shoulder and knee pain. Objectively, the right upper extremity abduction is 4/5. The remainder of the shoulder examination was unremarkable. There is no clinical indication rationale for an additional 12 physical therapy sessions. There were no progress notes referencing physical therapy and no documentation demonstrating objective functional improvement. There is no compelling clinical documentation indicating additional physical therapy is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and 12 previously authorized physical therapy sessions with no progress notes in the record, physical therapy to the right shoulder times 12 is not medically necessary.