

Case Number:	CM15-0201174		
Date Assigned:	10/16/2015	Date of Injury:	03/22/2013
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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 56 year old, female who sustained a work related injury on 3-22-13. A review of the medical records shows she is being treated for left shoulder and low back pain. In the progress notes dated 8-12-15 and 9-23-15, the injured worker reports continued pain in left shoulder, neck and low back. She reports no improvement in left shoulder pain. She rates all pain a 7 out of 10. On physical exam dated 9-23-15, she reports upper arm pain that radiates into the cervical spine. She reports lumbar pain that radiates into both legs, right greater than left. Treatments have included lumbar injections, left shoulder injections, 12 sessions of physical therapy preoperatively, left shoulder surgery on 3-24-15, 12 postoperative physical therapy sessions, and medications. Current medications include Norco and Pantoprazole. She is working modified duty. The treatment plan includes requests for physical therapy and medication refills. In the Utilization Review dated 10-9-15, the requested treatment of physical therapy 3 x 4 for low back and left shoulder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 for the low back and left shoulder: Upheld

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

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) Low back section, Physical therapy, Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the low back and left shoulder 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is diagnostic and operative arthroscopy of the left shoulder with biceps tenodesis, acromioplasty, Mumford procedure, lysis of adhesion with subacromial bursectomy, partial synovectomy, removal of loose bodies; and intra-articular injection left shoulder March 24, 2015. Date of injury is March 22, 2013. Request for authorization is dated October 7, 2015. A review of the medical records (undated) as the injured worker received physical therapy from 2009. The most recent progress note in the medical record is dated September 23, 2015. The injured worker is status post left shoulder surgery (supra) dated March 24, 2015. Subjectively, the injured worker has ongoing left shoulder cervical spine and lumbar spine pain 7/10. There is upper arm tenderness that radiates to the cervical spine. There is lumbar spine pain that radiates to the bilateral legs. The treating provider is requesting physical therapy three times per week times four weeks. The utilization review indicates the injured worker received 25 post operative physical therapy sessions. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement in the medical record. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no compelling clinical facts indicating additional physical therapy is clinically warranted, and documentation indicating the injured worker received 25 post operative physical therapy sessions, physical therapy three times per week times four weeks to the low back and left shoulder is not medically necessary.