

Case Number:	CM15-0204662		
Date Assigned:	10/21/2015	Date of Injury:	06/03/2014
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 42 year old male who sustained an industrial injury on 06-03-2014. MRI of the left shoulder performed in September 2014 indicated acromioclavicular joint spur formation, tendonitis and irregularity of the labrum inferiorly. Treatment to date has included medications and physical therapy. According to a progress report dated 09-02-2015, there had been no change in symptoms since the previous visit. He continued to have swelling, weakness, and stiffness as well as numbness in the left shoulder. He had been seeing another provider for his right hand and had been diagnosed with some ulnar nerve issues in addition to his RSD (reflex sympathetic dystrophy). Surgery had been recommended. In regards to his left shoulder, he was continuing to do his home physical therapy. Physical therapy had been denied. Evaluation of the left shoulder demonstrated equal active and passive range of motion. Flexion was at 175 degrees. External rotation at the side was 70 degrees. 80 degrees of external rotation in abduction and internal rotation to T7 was noted. He had 5 out of 5 strength in his rotator cuff. He was neurovascularly intact distally. Diagnoses included left shoulder adhesive capsulitis. The treatment plan included continued physical therapy. Work status included the same restrictions. An authorization request dated 09-11-2015 was submitted for review. The requested services included physical therapy "2 times per weeks-6 weeks 18 sessions." On 09-18-2015, Utilization Review non-certified the request for additional physical therapy 3 x 6 (18) 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 X 6 (18), left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: Review indicates the patient has shoulder flexion of 175 degrees with 5/5 manual motor strength. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of 18 PT sessions without extenuating circumstances established beyond the guidelines. The Additional physical therapy 3 X 6 (18), left shoulder is not medically necessary and appropriate.