

Case Number:	CM15-0204730		
Date Assigned:	10/21/2015	Date of Injury:	06/26/2014
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
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 45 year old female who sustained an industrial injury on 6-26-14. She is not working. The medical records indicate that the injured worker was being treated for left sternoclavicular joint sprain; early degenerative changes; right sternoclavicular joint strain with mild subluxation. She currently (9-8-15) complains of left sternoclavicular joint pain and dysfunction. Physical exam revealed slight swelling and tenderness of the sternoclavicular joint. The 9-8-15 progress note indicates the "patient feels like she is able to go back to physical therapy at this point to help strengthen her shoulder". Treatments to date include tramadol, Xanax, Mobic; physical therapy (per the 3-24-15 note her therapy has been renewed but exact number of therapy sessions was not enumerated); home therapy with benefit (per 7-28-15 note). The request for authorization dated 9-9-15 was for physical therapy to the right shoulder 2 times a week for 4 weeks. On 9-30-15 Utilization Review non-certified, the request for physical therapy #8 to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy # 8 (Right 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 rationale: Review indicates the patient has received at least 16 PT sessions for this 2014 shoulder injury and is not working. Report of 7/28/15 noted right shoulder with 5/5 motor strength and flexion of 155 degrees. 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 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 with at least 16 PT visits authorized; 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 PT sessions for an additional 8 for total of 24 sessions without extenuating circumstances established beyond the guidelines. The Physical Therapy # 8 (Right Shoulder) is not medically necessary and appropriate.