

Case Number:	CM15-0204992		
Date Assigned:	10/21/2015	Date of Injury:	09/18/2014
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
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 57 year old female, who sustained an industrial injury on 9-18-14. She reported pain in the shoulders radiating to the arms, neck, upper back, mid back, and left thigh or sacroiliac region. The injured worker was diagnosed as having cervical spine musculo-ligamentous sprain or strain with bilateral upper extremity radiculitis and status post left shoulder arthroscopic surgery with Mumford procedure. Treatment to date has included left shoulder surgery on 6-17-15, at least 4 physical therapy sessions, and medication including Norco. Physical examination findings on 8-27-15 included tenderness to palpation of the bilateral cervical paraspinal and upper trapezius musculature. Spurling's maneuver caused increased pain. Diffuse tenderness to palpation was noted over the left shoulder subacromial region, acromioclavicular joint, anterior capsule, and supraspinatus tendon. Impingement test was positive and grade 4 of 5 weakness was noted in all left shoulder planes of motion. The most recent physical therapy progress report was dated 1-21-15. On 8-27-15, the injured worker complained of neck pain with radiation to the arms and bilateral shoulder pain. On 9-30-15 the treating physician requested authorization for additional post-operative physical therapy sessions for the left shoulder and cervical spine 3x4. On 10-7-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional post-op physical therapy (3xs week x4 wks) for the left shoulder and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient remained on TTD status without improvement. 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 work status. 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 physical therapy with fading of treatment to an independent self-directed home program. The employee has received 12 authorized PT visits for the arthroscopic repair over 5-1/2 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not demonstrated any post-operative complications or commodities with ADL limitations to support further physical therapy met by the guidelines' criteria. There is also not documented efficacy from previous PT rendered involving the cervical spine as the patient remained TTD status. The Twelve (12) additional post-op physical therapy (3xs week x4 wks) for the left shoulder and cervical spine is not medically necessary and appropriate.