

Case Number:	CM15-0020821		
Date Assigned:	02/10/2015	Date of Injury:	11/10/2011
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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 68 year old female who sustained an industrial injury on 11/10/11 involving a fall and suffered pain to the right side. She has had surgery to the right shoulder and left knee. She currently is experiencing left knee (pain intensity 7/10), right shoulder pain (5/10), right wrist/ hand pain 5/10. Medications reduce pain and improve her function and activity level. Medications include Tramadol, cyclobenzaprine. Diagnoses include status post right shoulder surgery (12/13); status post remote meniscectomy, left knee; left knee moderate to severe osteoarthropathy and medial meniscus tear; right elbow pain; right median neuropathy. Treatments to date include heat, cold, stretching, physical therapy, home exercise, activity modification, transcutaneous electrical nerve stimulator and medications. Diagnostics include MRI to the right shoulder which was consistent with rotator cuff tear. In the progress note dated 12/29/14 there is a request for physical therapy to the right shoulder 2X4 with emphasis on active therapy. She is relatively deconditioned. On 1/28/15 Utilization review non-certified the requests for Physical Therapy 2X4 to the right shoulder citing MTUS: Chronic Pain medical treatment Guidelines: Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4- Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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 functional 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 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 x 4- Right Shoulder is not medically necessary and appropriate.