

Case Number:	CM15-0027464		
Date Assigned:	02/19/2015	Date of Injury:	04/28/2005
Decision Date:	04/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 55-year-old male, who sustained an industrial injury on 04/28/2005. He has reported subsequent neck, left shoulder and left elbow pain and was diagnosed with shoulder impingement syndrome and left elbow strain and sprain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 12/18/2014, the injured worker complained of neck, left shoulder and left elbow pain. Objective physical examination findings were notable for reduced range of motion of the left shoulder with pain. A request for authorization of 18 sessions of physical therapy was made. On 01/12/2015, Utilization Review non-certified a request for 18 sessions of physical therapy, noting that there was no clear indication of a need for ongoing supervised physical therapy. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Additional Physical Therapy Sessions (3 x week for 6 weeks) for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The 56-year-old patient presents with mild pain in the neck, moderate pain in the left elbow, and moderate pain in the left shoulder, and is 1 month status post left shoulder surgery, as per progress report dated 12/18/14. The request is for EIGHTEEN (18) ADDITIONAL PHYSICAL THERAPY SESSIONS (3 X WEEK FOR 6 WEEKS) FOR THE LEFT SHOULDER. The RFA for the case is dated 12/31/14, and the patient's date of injury is 04/28/05. Diagnoses included left shoulder impingement status post previous arthroscopic subacromial decompression with recurrent calcification, left elbow synovitis, cervical possible referred pain of left shoulder, and status post resection of distal clavicle of the left shoulder. The patient is not working, as per the same progress report. MTUS, post-surgical guidelines on pages 26-27, recommends 24 sessions of physical therapy after surgery over a span of 16 weeks. The post-operative time frame is 6 months. In this case, the patient is status post distal claviclectomy on 11/21/14, as per the operative report. In progress report dated 12/18/14, the treater states that the patient is going for physical therapy three time a week, and it is "helping him a lot." The progress reports, however, do not document the duration of the treatment but the UR letter states that the patient has already been authorized for 18 sessions of PT. The treater does not document a specific and objective reduction in pain and improvement in function due to prior therapy. Additionally, MTUS only allows for 24 sessions in post-operative cases and the treater's request for 18 more sessions exceeds that recommendation. Hence, the request IS NOT medically necessary.