

Case Number:	CM15-0211525		
Date Assigned:	10/30/2015	Date of Injury:	12/11/2012
Decision Date:	12/11/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/27/2015

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 54-year-old female, who sustained an industrial injury on December 11, 2012. She reported injury to her left shoulder. The injured worker was diagnosed as having persistent rotator cuff tendinopathy-capsulitis of the left shoulder. Treatment to date has included diagnostic studies, arthroscopic debridement and open subpectoral bicipital tenodesis. On September 2, 2015, an MRI of the left shoulder showed a subcentimeter probably benign lesion in the anteromedial aspect of the proximal humerus predominately cortical with low-signal peripheral rim and focal hyperintense center. There was no rotator cuff tear, grossly no labral tear and no subacromial bursitis. On September 11, 2015, the injured worker complained of ongoing aching discomfort in regards to her left shoulder. Active forward flexion was noted to be up to 150 degrees with external rotation of 35 degrees with some compensatory posturing with positive impingement and impingement reinforcement noted still at the left shoulder. The treatment plan included physical therapy for integrated manual therapy since other forms of therapy have not proven that effective for her. Notes stated that she might be a candidate for selective corticosteroid injection if significant discomfort persists. On October 27, 2015, utilization review denied a request for physical therapy two times weekly for four weeks to the left shoulder per 09-11-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 time a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Shoulder - Physical therapy.

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

Decision rationale: 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 has 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 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 for this 2012 injury. 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 PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2 time a week for 4 weeks for the left shoulder is not medically necessary and appropriate.