

Case Number:	CM15-0211561		
Date Assigned:	10/30/2015	Date of Injury:	07/02/2014
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
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 with an industrial injury date of 07-02-2014. Medical record review indicates she is being treated for shoulder pain and left shoulder arthroscopic spinoglenoid notch cyst excision and subacromial decompression. In the 09-23-2015 treatment note the treating physician notes the injured worker continues to make slow progress but still has some pain and restricted motion. Work status is documented as temporary total disability for "6 more weeks" (09-23-2015). Prior treatments included physical therapy (specific number of treatments not indicated.) Physical exam (09-23-2015) noted post-operative incision was clean, dry and intact without erythema. Shoulder exam is as follows: Strength and tone - Left: Supraspinatus - 5 - 5, Infraspinatus - 5 - 5, Subscapularis - 5 - 5, External rotation: PROM -75 degree (in abduction), Flexion PROM - 150 degree. On 10-09-2015 the request for physical therapy two times a week for six weeks 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:

Physical therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Review indicates the patient has received previous PT with request for an additional 12 visits as temporary total disability is continued for another 6 weeks. 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/ occupational 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; 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 July 2014 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 excessive quantity of 12 additional PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.