

Case Number:	CM15-0222459		
Date Assigned:	11/18/2015	Date of Injury:	03/07/2014
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 63 year old female, who sustained an industrial injury on March 7, 2014. The injured worker was undergoing treatment for left shoulder impingement syndrome, adhesive capsulitis and cerebral vascular accident. According to the physical therapy of July 21, 2015, the injured worker chief complaint was decreased range of motion of the left shoulder and pain. The range of motion was flexion of 112-117 and external rotation of 28 degrees with passive range of motion. The physical therapy note of August 13, 2015, after 12 sessions of physical therapy the left shoulder flexion was 120 degrees and external rotation of 18 degrees. The flexion was decreased at this visit due to pain and tightness. The injured worker continued to have increased pain and restrictions due to pain. The injured worker previously received the following treatments left shoulder surgery on February 10, 2015 and 24 physical therapy sessions for the left shoulder. The RFA (request for authorization) dated September 22, 2015; the following treatments were requested additional physical therapy for the left shoulder, 3 times a week for 4 weeks. The UR (utilization review board) denied certification on October 15, 2015; for additional physical therapy for the left shoulder, 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the left shoulder 3 times a week for 6 weeks: Upheld

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

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

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.