

Case Number:	CM15-0034149		
Date Assigned:	03/02/2015	Date of Injury:	10/10/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on 10/10/2014. The current diagnosis is chronic left shoulder strain. Currently, the injured worker complains of left shoulder pain with associated popping, clicking, grinding, and weakness. Current medications are Ibuprofen, Bupropion, and Citalopram. The physical examination of the left shoulder reveals tenderness over the rotator cuff area. Impingement sign is positive. Range of motion of the left shoulder: Flexion 150 degrees, extension 30 degrees, abduction 160 degrees, adduction 40 degrees, external rotation 70 degrees, and internal rotation 60 degrees. Treatment to date has included medications and physical therapy. The treating physician is requesting 6 additional physical therapy sessions to the left shoulder, which is now under review. On 2/9/2015, Utilization Review had non-certified a request for 6 physical therapy sessions to the left shoulder. The physical therapy was modified to 2 sessions. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one times two times a week up to six visits for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week, up to six visits to the left shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic cervical ligamentous and muscular strain with possible discopathy; chronic left shoulder strain rule out intra-articular pathology; chronic left elbow strain with ulnar nerve paresis; chronic left wrist strain with mild carpal tunnel syndrome; sleep issues; and psyche issues. The documentation demonstrates the injured worker received 16 sessions of physical therapy. The anatomical region is not specified in the record. The injured worker stated physical therapy was "somewhat beneficial". Objectively, the Qualified Medical Examination (QME) dated January 15, 2015, the shoulder was tender around the rotator cuff in the impingement test was positive. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts to indicate additional physical therapy is clinically warranted. Prior physical therapy was "somewhat beneficial". However, there was no documentation of objective functional improvement with prior physical therapy and there were no physical therapy progress notes to review. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy according to the recommended guidelines, physical therapy 1 to 2 times per week up to six visits to the left shoulder are not medically necessary.