

Case Number:	CM15-0035725		
Date Assigned:	03/04/2015	Date of Injury:	02/11/2008
Decision Date:	04/16/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/25/2015

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 36 year old female who sustained an industrial related injury on 2/11/08 due to a slip and fall. The injured worker had complaints of left shoulder pain. Treatment included left shoulder humeral resurfacing, left shoulder arthroplasty, left brachial plexopathy following thoracic outlet surgery, physical therapy, injections, and medication. Medications included Vicodin, Motrin, Imitrex, Protonix, Lexapro, Zyrtec, and Linzess. The treating physician requested authorization for physical therapy 2x6 for the left shoulder. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical reports do not clearly establish objective and measurable functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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, Shoulder (Acute & Chronic) Chapter under Physical therapy.

Decision rationale: Based on the 01/07/15 progress report provided by treating physician, the patient presents with left shoulder pain rated 1-2/10. The request is for PHYSICAL THERAPY 2X6 WEEKS FOR THE LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 01/09/15 includes left prior shoulder humeral resurfacing. The patient is status post 3 shoulder arthroscopies and total shoulder replacement February 2010, and thoracic outlet syndrome surgery 2010, per treater report dated 11/21/14. The patient has been designated permanently disabled in 2012, per treater report dated 11/21/14. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Physical therapy states: ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT-Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Medical treatment: 14 visits over 6 weeks-Post-surgical treatment: 20 visits over 10 weeks MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is no longer within postoperative treatment period, as last documented procedure was in 2010. Treater has a diagnosis of prior shoulder resurfacing, but has not specified the date. The treater has not provided reason for the request. Given patient's pain and diagnosis, and what appears to be a while since physical therapy was done, a short course would be indicated. However, a precise treatment history has not been provided, and the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.