

Case Number:	CM15-0043087		
Date Assigned:	03/13/2015	Date of Injury:	06/30/2009
Decision Date:	05/22/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female who sustained an industrial injury on 6/30/2009. Her diagnoses, and/or impressions, included: right shoulder and left knee pain; osteoarthritis of the knee; shoulder joint pain, status-post arthroscopic surgery (11/15/14); degeneration of cervical inter-vertebral disc; open rotation internal fixation surgery of the left ankle; psychalgia; depressive disorder; and morbid obesity. No current magnetic resonance imaging studies are noted. Her treatments have included left shoulder surgery; physical therapy for the left shoulder; epidural steroid injection therapy; and medication management. Progress notes of 2/19/2015 noted a follow-up visit of her left shoulder reconstruction surgery (11/15/14) and post 12 physical therapy visits; reporting left shoulder stiffness and weakness. The physician's requests for treatments were noted to include a repeat course of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 10 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 (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. While the treating physician does detail an exacerbation of the left shoulder, the request for 10 visits is in excess of the recommend six clinic visit trial. As such the request for Physical Therapy, 10 visits for the left shoulder is not medically necessary.