

Case Number:	CM15-0089584		
Date Assigned:	05/13/2015	Date of Injury:	05/16/2012
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 52 year old female patient who sustained an industrial injury on 05/16/2012. A primary treating office visit dated 10/23/2014 reported the patient having had completed 8 sessions of physical therapy, but feels no improvement. The pain improvement was noted temporary. She has also tried acupuncture, physical therapy, and injection. Current medications are: Ibuprofen 400mg, and Acetaminophen. The following diagnoses are applied: sprain of wrist, rotator cuff injury, and pain in elbow. The plan of care noted to involve: additional course of physical therapy, subacromial injection, biceps peritendon injection, and surgical consultation. She is to remain permanent and stationary with follow up in 5 weeks. A recent primary treating office visit dated 04/06/2015 reported shoulder pain rated a 7-8 out of 10 in intensity. Low back pain is rated a 8-9 out of 10 in intensity. Changing her positions makes the pain worse. In addition, she has complaint of burning sensation of the stomach taking Ibuprofen. She does walk 30 minutes daily and without doing this activity the pain is increased. She is diagnosed with sprain of wrist, and rotator cuff injury. The plan of care involved: following up with surgical consultation, limit Ibuprofen, and continue with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 sessions on the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for 8 sessions on the left shoulder is not medically necessary and appropriate.