

Case Number:	CM15-0089605		
Date Assigned:	05/13/2015	Date of Injury:	09/30/2014
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
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, 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 60 year old female, who sustained an industrial injury on 9/30/2014. She reported injury when a student became violent. The injured worker was diagnosed as having left shoulder impingement and left lower extremity pain. There is no record of a recent diagnostic study. Treatment to date has included 12 physical therapy visits and medication management. In a progress note dated 3/12/2015, the injured worker complains of left shoulder pain. The pain was rated 8/10 at its worst and 5/10 at its best. The treating physician is requesting physical therapy reevaluation of the left shoulder and 8 weeks of physical therapy treatment to 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 re-evaluation, 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 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 reevaluation left shoulder is 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder impingement syndrome; and left extremity overuse syndrome. A progress note dated March 12, 2015 (same date request for authorization) shows the injured worker received 12 prior physical therapy sessions to the left shoulder. The injured worker has ongoing pain in an about left shoulder. There is no documentation of objective functional improvement documented in the medical record. The guidelines recommend 10 physical treatments over eight weeks. The guidelines recommend 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). The injured worker received 12 sessions of physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy reevaluation left shoulder is not medically necessary.

Physical therapy treatment, 2 times weekly for 4 weeks, left shoulder (to include therapeutic exercises, Dynamic activities, Ultrasound, Manual therapy, Self care management training, Neuromuscular reeducation and Electrical stimulation) Qty: 8.00:
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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-5. 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 treatment two times per week times four weeks to the left shoulder to include therapeutic exercises, dynamic activities, ultrasound, manual therapy, self- care management training, neuromuscular reeducation and electrical stimulation #8 sessions is 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 exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are left shoulder impingement syndrome; and left

extremity overuse syndrome. A progress note dated March 12, 2015 (same date request for authorization) shows the injured worker received 12 prior physical therapy sessions to the left shoulder. The injured worker has ongoing pain in an about left shoulder. There is no documentation of objective functional improvement documented in the medical record. The guidelines recommend 10 physical treatments over eight weeks. The guidelines recommend 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). The injured worker received 12 sessions of physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. Physical therapy treatment two times per week times four weeks to the left shoulder is not clinically indicated. Additionally, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is warranted with guideline non-recommendations for passive physical therapy modalities (ultrasound and TENS), physical therapy treatment two times per week times four weeks to the left shoulder to include therapeutic exercises, dynamic activities, ultrasound, manual therapy, self-care management training, neuromuscular reeducation and electrical stimulation #8 sessions is not medically necessary.