MAXIMUS Federal Services

Case Number:	CM15-0235017		
Date Assigned:	12/10/2015	Date of Injury:	05/04/2011
Decision Date:	01/14/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	12/01/2015

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: Indiana, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 05-04-2011. A review of the medical records indicates that the worker is undergoing treatment for right and left shoulder impingement syndrome with concomitant cervical radiculitis. Treatment has included pain medication, chiropractic therapy, physical therapy, acupuncture and left cervical sympathetic blocks. It's unclear as to how many prior sessions of physical therapy were received, however documentation notes that conservative treatment including physical therapy had failed. On 07-14-2015, physical examination findings showed significant distress, guarding of the left shoulder and stiffness and protectively with movement. Subjective complaints (09-30-2015) included moderate bilateral shoulder pain rated as 7 out of 10. Objective findings (09-30-2015) revealed decreased range of motion of the bilateral shoulders, left greater than right, positive bilateral Neer and Hawkin's impingement tests and Jobe test and tenderness of the acromioclavicular joint bilaterally. The physician noted that authorization for subacromial cortisone injections and physical therapy for the shoulders was recommended. There is no evidence of significant pain relief or objective functional improvement with prior physical therapy. A utilization review dated 10-29-2015 non-certified a request for 18 physical therapy for the right shoulder 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy for the Right Shoulder 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface -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. The employee has already undergone at least 6 sessions which would count as a trial, but there is insufficient documentation of the results of those sessions. Therefore, the request for 18 additional sessions is not medically necessary.