

Case Number:	CM14-0124937		
Date Assigned:	08/11/2014	Date of Injury:	12/04/2012
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old patient had a date of injury on 12/4/2012. The mechanism of injury was not noted. In a progress noted dated 4/14/2014, subjective findings included left shoulder pain, rated as mild to occasionally moderate. There was no radiation of pain but he reports numbness and tingling. The pain increases with cold weather and cold weather and using the arm when doing activities without pain decrease. On a physical exam dated 4/14/2014, objective findings included tenderness to palpation with spasms of upper trapezius muscle, and tenderness to palpation of the AC joint. He has limited range of motion secondary to pain. The diagnostic impression shows status post left shoulder arthroscopy on 10/19/2014. Treatment to date: medication therapy, behavioral modification, rotator cuff repair in 10/9/2013. A UR decision dated 7/29/2014 denied the request for physical therapy 3x/week for 4 weeks of left shoulder, stating that there was lack of significant clinical documentation provided regarding the efficacy of prior physical therapy sessions. Although the patient still has functional deficits, there were no physical therapy notes to compare the functional deficits on the physical assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4WKS 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 Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) shoulder

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 visits over 14 weeks post-surgically for rotator cuff repair. In the reports viewed, this patient had surgery on left shoulder in 11/2013, and it was unclear how many post-surgical physical therapy visits this patient has had. Furthermore, there was no evidence of objective functional benefits obtained from previous physical therapy visits. Lastly, the recommended time frame for post-surgical treatment has been exceeded. Therefore, the request for physical therapy for left shoulder 3x/week for 4 weeks is not medically necessary.