

Case Number:	CM14-0134570		
Date Assigned:	09/18/2014	Date of Injury:	12/02/1994
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of December 2, 1994. A utilization review determination dated August 1, 2014 recommends noncertification of 8 outpatient physical therapy sessions for the right shoulder. A progress report dated July 15, 2014 identifies subjective complaints of low back pain and shoulder pain. The patient has been denied for a physical therapy sessions and Flector patches. The note indicates that the patient has previously completed a course of physical therapy in January with some improvements in strength and her ability to lift. The note indicates that the patient strength improved from being able to lift 5 to 10 pounds and after 8 sessions of therapy the patient was able to lift 15 to 20 pounds. Her lifting capacity has now been reduced back to the 5 to 10 pound range. Note indicates that she is been doing exercises at home, "stretching in the doorway," which helps. Objective examination findings revealed tenderness over the rhomboid regions bilaterally and shoulder range of motion at about 90 of abduction and forward flexion. Diagnoses include history of lumbar fusion, possible pseudo-arthritis at L4-5, bilateral carpal tunnel syndrome, thoracic pain, and chronic left shoulder greater than right shoulder pain. The treatment plan states that the patient has had improving with therapy in the past and therefore request 8 additional therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the right shoulder, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 10 therapy visits for the treatment of rotator cuff syndrome/impingement syndrome. Within the documentation available for review, it is clear the patient made objective improvements with the previous round of physical therapy. However, it is unclear if the patient has been participating in a self-directed program of resistance-based training to maintain the strength which was previously gained during physical therapy. Additionally, it is unclear if the home exercise program has been evaluated and adjusted to determine whether there are some deficiencies which may have allowed the patient to regress. Furthermore, the request exceeds the amount of physical therapy recommended by the California MTUS. Therefore, the request for outpatient physical therapy to the right shoulder, 8 sessions is not medically necessary and appropriate.