

Case Number:	CM14-0177097		
Date Assigned:	10/30/2014	Date of Injury:	12/07/2010
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 Medicine 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 49-year-old female patient who sustained an industrial injury on 12/07/10. Diagnoses include pain in shoulder joint, pain in lower leg joint, pain in handwriting, pain and ankle joint. Prior surgeries include left meniscus resection in 2008 and right knee meniscus resection in 07/2012. Records indicate that the patient has a history of multiple work-related injuries. Prior treatment has included physical therapy, oral and topical medications, psychological treatment, and multiple cortisone injections. The patient previously underwent 3 injections to the left shoulder with the last injection performed on 07/18/13 resulting in 25% relief of pain lasting for a few days, after which pain returned to baseline level. On 09/24/14 a request for continued physical therapy (left shoulder) once per week for six weeks was modified and certified 2 sessions at utilization review with the reviewing physician noting that Official Disability Guidelines recommend 10 visits over 8 weeks for medical treatment and in this case it was noted the claimant was injured in 2010 and has previously been treated with physical therapy. There was no outline of specific objective and functional gains from the completed visits as there is no evidence of significant change in the claimant's status. The number of sessions completed to date was unknown. It was also noted that a peer-to-peer discussion with the treating provider indicated the physical therapy was being requested to go along with the injection. Progress note dated 09/10/14 revealed subjective complaints of left shoulder pain, right ankle and right knee pain. It was reported there had been some improvement with physical therapy regarding range of motion to the right shoulder. The patient continues to have difficulty raising the arm beyond 90 degrees without pain. On physical examination there continued to be reduced range of motion to the shoulder with 120 degrees of flexion, 135 degrees abduction, 90 degrees of internal rotation and external rotation. Treatment plan was to perform a left shoulder ultrasound-guided acromioclavicular joint injection and an additional 6 sessions of physical therapy as well as

medications including topical Diclofenac sodium cream, Ketamine 5% cream, Nabumetone-Relafen 500 mg #90 and follow up in 4 weeks. It was reported the patient had not reached maximum medical improvement and is not permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (left shoulder) once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient has a longstanding injury from 2010 and has previously completed physical therapy, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. There were no specific functional gains documented or any indication of return to work. The California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Additionally, in this case it was noted the additional physical therapy was requested for post injection therapy and the prior reviewing physician certified six sessions. Six sessions of post injection therapy would be excessive given extensive physical therapy completed to date. As such, the requested continued physical therapy (left shoulder) is not medically necessary.