

Case Number:	CM14-0183097		
Date Assigned:	11/07/2014	Date of Injury:	08/20/2008
Decision Date:	12/16/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 is a 57-year-old female with an 8/20/08 date of injury. She injured her right shoulder when reaching for clothes. According to a progress report dated 7/30/14, the patient had chronic bilateral shoulders and elbows pain, mainly on the left side. She has had movement restriction in her left shoulder. She had numbness and tingling in shoulders, arms, and hands. She completed physical therapy 2 weeks ago that helped her symptoms. Objective findings: restricted bilateral shoulders range of motion, positive impingement sign bilaterally, positive Tinel's in bilateral elbows, sensation reduced in bilateral hands. Diagnostic impression: recurrent dislocation of shoulder, carpal tunnel syndrome, derangement of joint of shoulder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/23/14 denied the request for physical therapy. The claimant has completed a course of PT x 12 in July 2014. There is no evidence that she is unable to continue rehab with an independent HEP, and there is no indication that continuation of supervised exercises is likely to provide significant and sustained benefit that cannot be achieved with a HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 87-88, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 and Official Disability Guidelines (ODG) Shoulder Chapter - Physical Therapy

Decision rationale: 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. However, according to the UR decision dated 10/23/14, this patient has completed 12 sessions of physical therapy. Guidelines support up to 12 sessions over 12 weeks for dislocation of shoulder. An additional 12 sessions would exceed guideline recommendations. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Twelve (12) Physical therapy sessions for left shoulder is not medically necessary and appropriate.