

Case Number:	CM13-0060543		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2011
Decision Date:	04/06/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 9/02/2011, while employed as a forklift operator. The diagnoses have included neck sprain. Treatment to date has included conservative measures. Magnetic resonance imaging of the left shoulder, dated 7/11/2013, noted acromion flat, laterally and anteriorly downsloping, and supraspinatus tendinosis. On 10/16/2013, the injured worker complained of neck pain, low back pain, and left shoulder pain. Exam of the shoulder noted tenderness upon palpation and limited range of motion. Medications included Ultram, Naproxen, and Prilosec. Physical therapy course was recommended. The medical records referenced prior treatment with physical therapy, but did not note specific dates or results of treatment. On 11/19/2013, Utilization Review non-certified a request for physical therapy (2x3 left shoulder), noting the lack of compliance with MTUS chronic Pain Medical Treatment Guidelines and Official Disability guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES.

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. 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has undergone making it impossible to determine if the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.