

Case Number:	CM14-0215544		
Date Assigned:	01/05/2015	Date of Injury:	09/23/2013
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 63 year old employee with date of injury of 9/23/13. Medical records indicate the patient is undergoing treatment for PTSD, depressive disorder and burns of multiple sites. Subjective complaints include shoulder pain rated 8/10. He has had prior PT sessions which helped "a little". Objective findings include decreased range of left shoulder motion, tenderness over the: supraspinatus, infraspinatus, trapezius, rhomboid and levator scapulae. The patient had a positive Neer's test and Hawkins's. Treatment has consisted of physical therapy, speech therapy and a psychological evaluation. The utilization review determination was rendered on 11/20/14 recommending non-certification of physical therapy 2x week x 3 weeks to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the left shoulder: 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): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. “Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.” Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial “trial” of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. The treating physician did not document the number of physical therapy sessions attended to date nor did the treating physician document the patient's functional response. As such, the request for physical therapy 2x for 3 weeks to the left shoulder is not medically necessary.