

Case Number:	CM15-0113355		
Date Assigned:	06/19/2015	Date of Injury:	11/28/2012
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 26 year old male who sustained an industrial injury on 11/28/2012 resulting in injury to the left shoulder. Treatment provided to date has included: left shoulder surgery (08/22/2011), physical therapy (unknown amount), right shoulder injection (06/27/2014), medications, and conservative therapies/care. Diagnostic tests performed include: MRA of the left shoulder (11/18/2014) showing supraspinatus tendinosis and bicipital tendinosis. There were no noted comorbidities or other dates of injury noted. On 04/28/2015, physician progress report noted complaints of left shoulder pain with sensation of dislocation or popping. The pain was rated 10/10 in severity and reported to radiate to the arm, elbow, hand and fingers. Additional complaints included upper back pain (8/10), left upper arm and forearm pain (8/10), and associated weakness, numbness, giving-way, locking, grinding and swelling. Current medications were not discussed/mentioned on this report. The physical exam stated "unchanged". The provider noted diagnoses of derangement of the left shoulder, discoloration of the left shoulder, left upper extremity weakness and status post left shoulder rotator cuff repair (2011). Plan of care includes waiting for authorization for physical therapy for the left shoulder and follow-up. The previous exam (03/31/2015) reported subjective and objective findings of left shoulder pain rated 6/10, tenderness to the cervical musculature on palpation with increased muscle rigidity, numerous trigger points palpated and tender throughout the cervical paraspinal muscles, decreased cervical range of motion (ROM), and restricted ROM in the left shoulder. Medications reported on this exam-included Norco which was reported to provide 30-40% relief of pain lasting about 6 hours, and Anaprox. The injured worker's work status remained

temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: 12 additional sessions of physical therapy for 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, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 2012 with patient remaining TTD. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, Left Shoulder is not medically necessary and appropriate.