

Case Number:	CM15-0126817		
Date Assigned:	07/13/2015	Date of Injury:	09/22/2007
Decision Date:	08/07/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57 year old woman sustained an industrial injury on 9/22/2007. The mechanism of injury is not detailed. Evaluations include undated lumbar spine MRI and cervical spine CT myelogram. Diagnoses include status post lumbar surgery, lumbar radiculitis, status post cervical spine surgery, status post left shoulder surgery, chronic pain syndrome, history of extensive dental trauma, narcotic dependency, and weight loss. Treatment has included oral medications and shoulder injection. Physician notes on a PR-2 dated 5/8/20125 show complaints of increasing crepitus and pain in the left shoulder. Recommendations include repeat lumbar epidural steroid injection, percutaneous electrical nerve stimulation treatment, orthopedic surgeon's care for shoulder, Percocet, Xanax, Fioricet, Tizanidine, hoe interferential unit, and re-evaluation with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 36 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 36 sessions physical therapy to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are status post left shoulder arthroscopic rotator cuff repair, decompression, distal clavicle resection and open biceps tenodesis April 2013. The date of injury is September 22, 2007. The request for authorization is dated June 3, 2015. According to a progress note dated April 4, 2013, the injured worker is status post left shoulder arthroscopy (supra), etc. The injured worker reportedly received extensive physical therapy and is still having pain. A repeat MRI was performed that showed loose bodies or debris. According to the requesting provider's May 8, 2015 progress note, the injured worker subjectively has increased pain in crepitus in the left shoulder and will likely need repeat surgery. The treatment plan does not contain a clinical indication or rationale for additional physical therapy. According to the utilization review, a progress note dated May 11, 2015 states the injured worker is scheduled for arthroscopic repeat surgery of the shoulder. A May 11, 2015 progress note is not available for review in the medical record. The treating provider is requesting 36 sessions of physical therapy. 36 physical therapy sessions far exceeds the recommended guidelines (24 session). Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, 36 sessions physical therapy to the left shoulder is not medically necessary.