MAXIMUS Federal Services

Case Number:	CM15-0170453		
Date Assigned:	09/11/2015	Date of Injury:	10/31/2012
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/29/2015

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 53 year old male who sustained an industrial injury on 10-31-12. A review of the medical records indicates that he is undergoing treatment for rotator cuff syndrome, acromicoclavicular sprain and strain, pain in joint - shoulder, and carpal tunnel syndrome. Medical records (5-8-15 to 7-31-15) indicate ongoing complaints of right shoulder pain, rating "5-6 out of 10" and left foot pain, rating "6 out of 10". The injured worker reports that "therapy is making it worse" (7-31-15). He is not working, as modified work restrictions are unavailable to him. The physical exam reveals decreased range of motion with pain and decreased strength of the right shoulder and decreased range of motion in the left foot. He completed at least 14 sessions of physical therapy for his right shoulder (5-8-15). Other treatments have included topical analgesics, and a home exercise program for the right shoulder. He underwent right shoulder arthroscopic surgery on 2-21-15. He was referred to a podiatrist for his ongoing foot pain. Physical therapy and an MRI of the left ankle were requested (7-31-15). The request for authorization for physical therapy to the right shoulder is unavailable for review. The utilization review (8-7-15) reveals denial of the requested physical therapy for the right shoulder, stating that "there is nothing in the records indicating the claimant can achieve additional functional improvements" and "in his most recent records, the claimant complained therapy made his condition worse".

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Right Shoulder 2x4 (PT Evaluation, Therapeutic Exercises, Manual Therapy, Electrical Stimulation, Ultrasound): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient is s/p shoulder arthroscopy in February 2015, over 7 months ago whereby the chronic treatment guidelines are applicable for this 2012 injury. 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. 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 PT Right Shoulder 2x4 (PT Evaluation, Therapeutic Exercises, Manual Therapy, Electrical Stimulation, Ultrasound) is not medically necessary and appropriate.