

Case Number:	CM15-0172993		
Date Assigned:	09/15/2015	Date of Injury:	01/21/2011
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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(n) 58 year old female, who sustained an industrial injury on 1-21-11. The injured worker was diagnosed as having secondary left shoulder impingement syndrome and rotator cuff tendinosis, partial tear and biceps tenosynovitis, left shoulder deltoid cyst and left medial and lateral epicondylitis. The physical exam (2-10-15 through 6-9-15) revealed decreased left forward flexion (90-150 degrees, decreased abduction (100-150 degrees) and tenderness to palpation over the left anterior shoulder. Treatment to date has included physical therapy in 2013, a left shoulder MRI on 6-3-15 consistent with partial intrasubstance tear and Ibuprofen. As of the PR2 dated 7-17-15, the injured worker reports continued pain in her left shoulder and elbow. She rates her pain 5-6 out of 10. She has had one cortisone injection in the past that only gave her temporary relief for one week. Objective findings include decreased left shoulder external rotation (30 degrees) and "moderate" tenderness to palpation at the lateral epicondyle as well as at the medial epicondyle. The treating physician requested physical therapy 2 x weekly for 6 weeks for the left shoulder and elbow. On 7-30-15, the treating physician requested a Utilization Review for physical therapy 2 x weekly for 6 weeks for the left shoulder and elbow. The Utilization Review dated 8-7-15, non-certified the request for physical therapy 2 x weekly for 6 weeks for the left shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

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 January 2011 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 physical therapy 2 times a week for 6 weeks for the left shoulder and left elbow is not medically necessary and appropriate.