

Case Number:	CM15-0173530		
Date Assigned:	09/15/2015	Date of Injury:	01/04/2010
Decision Date:	10/15/2015	UR Denial Date:	08/27/2015
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, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on January 4, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for unspecified disorders of bursae and tendons of the shoulder region. On August 13, 2015, the injured worker reported the left shoulder continued to cause him pain. The Treating Physician's report dated August 13, 2015, noted the injured worker in for follow up after a right shoulder debridement and decompression on April 13, 2015. The injured worker's current medications included Ibuprofen, Klonopin, Naproxen, Norco, and Zofran. The shoulder and upper arm examination was noted to show tenderness to palpation of the supraspinatus fossa with forward flexion, resisted abduction and adduction-internal rotation impingement signs positive. The Physician noted requesting further physical therapy to work on strengthening exercises with a prescription for physical therapy for the left shoulder for six visits. The documentation provided also included physical therapy treatment notes. The physical therapy noted dated August 17, 2015, noted it was visit #5, with the left shoulder condition measurements unchanged from the initial visit on July 23, 2015, to the current date of August 17, 2015. The therapist noted the injured worker still exhibited overhead shoulder limitation, reporting less pain with greater range of motion (ROM) when shoulder is held in inferior glide for shoulder flexion. The Treating Physician's report dated June 4, 2015, noted the injured worker had a flare up of his left shoulder after the right shoulder surgery due to overuse, and was administered a steroid injection with plan for physical therapy to the left shoulder. The request for authorization dated August 17, 2015, requested physical therapy for the left shoulder for 6 sessions. The Utilization

Review (UR) dated August 27, 2015, denied the request for physical therapy for the left shoulder for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, physical therapy left shoulder #6 sessions 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 committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are unspecified disorders bursa and tendons in the shoulder region. Date of injury is January 4, 2010. Request for authorization is dated August 17, 2015. The documentation indicates the injured worker's status post right shoulder debridement with removal calcific tendinitis and decompression. The treating provider is requesting an additional six visits of physical therapy. The total number of physical therapy sessions is not documented in the medical record. The documentation does not demonstrate objective functional improvement as a result of prior physical therapy. There is no subjective improvement documented in the medical record. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. Physical therapy documentation visits #1 through #5 were present. The remainder of the physical therapy session documentation was absent from the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions (although the utilization review indicates 14 physical therapy sessions were completed) and no documentation demonstrating objective functional improvement, physical therapy left shoulder #6 sessions is not medically necessary.