

Case Number:	CM15-0175535		
Date Assigned:	09/16/2015	Date of Injury:	09/02/2014
Decision Date:	10/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/07/2015

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 50 year old man sustained an industrial injury on 9-2-2014. The mechanism of injury is not detailed. Diagnoses include left shoulder rotator cuff partial tear and impingement with arthritis and acromioclavicular osteoarthritis. Treatment has included oral medications. Physician notes dated 5-12-2015 show complaints of left shoulder pain. No physical examination is identified. Recommendations include physical therapy. Utilization Review denied a request for additional physical therapy citing that it is unclear how many physical therapy sessions have been utilized to date. 18 physical therapy session notes were readily available. A request for additional session notes was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, six sessions (three times a week for two weeks) to the left shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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 and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions three times per week times two weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left rotator cuff impingement, partial tear; and left arthritis, OA, AC. Date of injury is September 2, 2014. Request for authorization is August 19, 2015. The injured worker is status post left shoulder arthroscopy with debridement, lysis of adhesions and decompression on March 16, 2015. The documentation shows the injured worker completed 21 out of 24 physical therapy sessions. The injured worker is engaged in a home exercise program, but has erratic progression. According to an August 18, 2015 progress note, there are no subjective complaints or objective clinical findings documented in the medical record. The provider documentation does not demonstrate objective functional improvement with ongoing physical therapy. The injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation with a recent subjective history and objective clinical findings in the progress note dated August 18, 2015 and no compelling clinical documentation indicating additional physical therapy (over the recommended guidelines) is clinically warranted, physical therapy six sessions three times per week times two weeks to the left shoulder is not medically necessary.