

Case Number:	CM15-0178750		
Date Assigned:	09/21/2015	Date of Injury:	08/02/2010
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This 51 year old female sustained an industrial injury on 8-2-10. Documentation indicated that the injured worker was receiving treatment for left shoulder calcific tendinitis, left shoulder rotator cuff dysfunction and cervical spine sprain and strain with underlying disc disease. In a PR-2 dated 6-23-15, the injured worker reported worsening left shoulder symptoms with pain rated 8 out of 10 on the visual analog scale. The injured worker was taking Ibuprofen for pain and working regular duty. Physical exam was remarkable for left shoulder range of motion: abduction and forward flexion 180 degrees, extension 40 degrees, adduction 30 degrees, external rotation 90 degrees and internal rotation 80 degrees, tenderness to palpation over the coracoacromial arch, positive Hawkin's, Neer's and Jobe's test and "weakness" of the rotator cuff. The treatment plan included magnetic resonance imaging left shoulder to rule out a rotator cuff tear. Magnetic resonance imaging right shoulder (7-16-15) showed tendinosis and low-grade partial-thickness undersurface tearing of the distal supraspinatus tendon, calcific tendinitis of the distal infraspinatus tendon and degeneration of the superior labrum extending into the posterior superior labrum. The radiologist noted that the evaluation was limited due to motion artifact on multiple sequences. In a PR-2 dated 8-11-15, the injured worker reported improved symptoms with left shoulder pain rated 3 out of 10. The injured worker was temporarily totally disabled. Physical exam was remarkable for left shoulder with no swelling, normal sensation, 5 out of 5 motor strength, intact neurovascular exam, unchanged range of motion and weakness at the rotator cuff. The treatment plan included physical therapy for the left shoulder. On 8-19-15,

Utilization Review noncertified a request for physical therapy evaluation and treatment for the left shoulder, once a week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment (left shoulder) 1x12 weeks: 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: 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 2010 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 evaluation and treatment (left shoulder) 1x12 weeks is not medically necessary and appropriate.