

Case Number:	CM15-0023876		
Date Assigned:	02/13/2015	Date of Injury:	11/20/2012
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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, Pain Management

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 57 year old female, who sustained an industrial injury on November 20, 2012. The diagnoses have included right slap tear. Treatment to date has included physical therapy two or three sessions. Currently, the injured worker complains of right shoulder pain. In a progress note dated January 15, 2015, the treating provider reports examination of the right shoulder revealed mildly positive Neer and Hawkins sign, positive Speed's and Yergason's test and tenderness to palpation in the bicipital groove. A utilization review determination dated December 17, 2014 recommended certification of physical therapy 2 times a week for 4 weeks. The progress report dated January 15, 2015 states that the patient has "only somewhat improved since she started therapy and she has only gone to 2 or 3 visits." A therapy note dated January 29, 2015 indicates that the patient has undergone 8 out of 12 authorized therapy visits. On February 4, 2015 Utilization Review non-certified an outpatient continued physical therapy two times a week times six weeks to the right shoulder, noting, Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continued physical therapy for the right shoulder, twice weekly for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for the treatment of superior glenoid labrum lesions. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.