

Case Number:	CM15-0027090		
Date Assigned:	02/19/2015	Date of Injury:	11/19/2004
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/12/2015

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 54 year old female, who sustained an industrial injury on 11/19/2004. The current diagnoses are left shoulder rotator cuff syndrome. Currently, the injured worker complains of constant left shoulder pain. The pain is rated 7/10 on a subjective pain scale. The physical examination of the left shoulder revealed decreased range of motion with flexion 150 degrees, extension 40 degrees, abduction 150 degrees, adduction 40 degrees, and internal and external rotations 60 degrees. There was tenderness on the trapezius muscles and acromioclavicular joint. Neer's and Hawkin's impingement were positive. Current medications are Tramadol and Flexeril. Treatment to date has included medications and 20 physical therapy sessions. The treating physician is requesting 6 additional physical therapy sessions to the left shoulder, which is now under review. On 1/19/2015, Utilization Review had non-certified a request for 6 additional physical therapy sessions to the left shoulder. The physical therapy was non-certified based on little data supporting any efficacy or change in status with the previous therapy. Additionally, the injured worker should be exquisitely familiar with a home exercise program by this time and should be doing it. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 3, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in her neck, left shoulder and lower back. The request is for 6 SESSIONS OF ADDITIONAL PHYSICAL THERAPY FOR THE LEFT SHOULDER. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. The utilization review letter on 01/19/15 indicates that the patient has had 20 sessions of physical therapy since September 2014. None of the reports specifically discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. Reports do seem to indicate that the patient recently had therapy. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 6 sessions combined with 20 already received would exceed what is allowed per MTUS for this kind of condition. The request of physical therapy IS NOT medically necessary.