

Case Number:	CM15-0064087		
Date Assigned:	04/10/2015	Date of Injury:	08/08/2013
Decision Date:	05/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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 46-year-old male patient who sustained an industrial injury on 08/08/2013. Previous treatment to include: psychological evaluation. A primary treating office visit dated 09/16/2014 reported subjective complaint of left shoulder pain described as throbbing, aching, sharp pins and needles that increases with range of motion. The pain radiates to left elbow. The following diagnoses are applied: mild rotator cuff tendinosis, left shoulder; chronic tearing of radial colateral ligament left elbow, and mild reactive bone marrow edema, left elbow. The plan of care involved refilling Motrin, and follow up. The most recent documentation provided for review dated 03/04/2015 showed the patient with subjective complaint of physical therapy is helping to improve the range of motion, and he underwent another current magnetic resonance imaging. He was diagnosed with biceps tendon rupture and joint shoulder pain. The plan of care involved continuing with physical therapy, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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 three times per week for four 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 biceps tendon rupture; and joint pain shoulder. A December 22, 2014 progress note, physician's first report, state the date of injury was August 8, 2013 and the injured worker sustained a biceps tear. The worker underwent surgical repair. 22 physical therapy sessions were authorized and rendered to the worker. Subsequently, the worker developed pain in the left shoulder. The injured worker received a cortisone injection. Additional physical therapy to left shoulder was requested. 12 physical therapist sessions were authorized and rendered to the worker. In a progress note dated March 4, 2015, subjectively, physical therapy helped the left shoulder and range of motion was increased. Objectively, there were no other physical findings noted in the medical record. An MRI of the shoulder did not show a labral tear. There is no documentation evidencing objective functional improvement. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Additionally, the injured worker should be well versed in the physical therapy exercises and should be able to engage in a home exercise program. Consequently, absent compelling clinical documentation objective functional improvement, 12 prior physical therapy sessions to the left shoulder, and compelling facts indicating additional physical therapy is warranted, physical therapy three times per week for four weeks to the left shoulder is not medically necessary.