

Case Number:	CM15-0067320		
Date Assigned:	04/15/2015	Date of Injury:	08/24/2012
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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, 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 (IW) is a 56 year old male who sustained an industrial injury on 08/24/2012. He reported pain in the neck and left knee. The injured worker was diagnosed as having cervical sprain/strain, cervical degenerative disc disease, right shoulder probable impingement syndrome, right elbow sprain/strain, bilateral rest overuse syndrome, lumbosacral sprain/strain, right lower extremity radiculopathy, right hip sprain/strain, status post left knee arthroscopy, and history of prior right knee surgery with residual degenerative changes. Treatment to date has included right shoulder arthroscopy with subacromial decompression/Mumford on 10/22/2014 with number of postoperative PT sessions completed to date not disclosed. Currently, the injured worker has had progression of physical therapy on the shoulder and the shoulder has 155% of right flexion and 150% of right abduction. The Request for authorization is for Physical Therapy, Right Shoulder, 6 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Shoulder, 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical

Examinations and Consultations, pages 114, Official Disability Guidelines: Physical Therapy guidelines.

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 to the right shoulder six sessions 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 workers working diagnoses are largely illegible. The first diagnosis appears to be the left knee scope June 12, 2013. The remaining diagnoses are illegible. According to the agreed medical examination (AME) the injured workers working diagnoses are cervical spine sprain and strain; probable impingement syndrome right shoulder; lumbosacral spine strain and sprain with right lower extremity radiculopathy; status post left knee arthroscopic surgery; and history right knee surgery as a teenager. The documentation shows the injured worker underwent right shoulder arthroscopy with subacromial decompression/Mumford on October 22, 2014. Utilization review indicates the injured worker received 36 physical therapy post-operative sessions to date. The treating orthopedist is recommending an additional six physical therapy visits. 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. The injured worker should be well-versed after 36 physical therapy sessions to engage in a home exercise program. Consequently, absent compelling clinical documentation with objective functional improvement (prior 36 physical therapy sessions) with compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy to the right shoulder six sessions is not medically necessary.