

Case Number:	CM15-0067377		
Date Assigned:	04/15/2015	Date of Injury:	03/08/2013
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
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

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 53 year old male who sustained an industrial injury on 3/8/13. He has reported initial complaints of left arm pain after helping to unload and stabilize baggage. The diagnoses have included pain in joint of shoulder and disorders of the shoulder bursae and tendon in the shoulder region. Treatment to date has included medications, activity modifications, surgery, physical therapy, home exercise program (HEP), and acupuncture. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder and x-rays of the left shoulder. The current medications included Meloxicam, Acetaminophen and Voltaren gel. The urine drug screen dated 12/3/14 was consistent with medications prescribed. Currently, as per the physician progress note dated 3/27/15, the injured worker complains of chronic left shoulder pain. Physical exam of the left shoulder revealed crepitus with passive range of motion, positive impingement sign, pain with rotation, restricted movements due to pain, The Hawkin's , Neer , empty can test, lift off test, O'Brien's test and shoulder cross-over tests were positive. There was tenderness noted in the coracoid process, periscapular muscles, rhomboids, subdeltoid bursa, trapezius, supraspinous tendons, and subacromial, subdeltoid and biceps areas. The light touch sensation was decreased in the left posterior arm. There was no previous therapy sessions noted. The physician noted that he was not interested in steroid injections and his trigger points can be addressed in a course of physical therapy. The physician requested treatment included Additional Physical Therapy (8-sessions, 2 times a week for 4 weeks, to the left shoulder and neck).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (8-sessions, 2 times a week for 4 weeks, to the left shoulder and neck): 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 Therapy, pages 98-99.

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 9-10 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 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 Additional Physical Therapy (8-sessions, 2 times a week for 4 weeks, to the left shoulder and neck) is not medically necessary and appropriate.