MAXIMUS Federal Services

Case Number:	CM15-0070222		
Date Assigned:	04/20/2015	Date of Injury:	01/18/2013
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 male, who sustained an industrial injury on 1/18/13. The injured worker has adhesive capsulitis left shoulder with substantial loss of range of motion. The diagnoses have included cervical spine sprain/strain, chronic; left shoulder tendonitis and impingement syndrome, left shoulder. The documentation noted on 11/28/14 that the injured worker was scheduled for additional therapy for his shoulder and cervical spine and medications he was taking was metoprolol tartrate, nitro-stat and aspirin. The documentation noted that the injured worker saw a Cardiologist on 1/28/15 with impressions supraventricular ectopy with frequent premature atrial contractions, symptomatic and history of syncope, rule out secondary to cardiac arrhythmias. The request was for physical therapy, three times a week for six weeks. A progress report dated November 18, 2014 indicates that the patient was scheduled for additional therapy. Left shoulder forward flexion is 140°, abduction is 90°. A progress report dated January 6, 2015 indicates that left shoulder forward flexion is 90° and abduction is 95°. Cervical spine range of motion is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three (3) times a week for six (6) weeks: Upheld

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

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. 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. Additionally, it is unclear how many therapy sessions have already been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.