

Case Number:	CM15-0071541		
Date Assigned:	04/21/2015	Date of Injury:	11/24/2001
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
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, 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 69-year-old male, who sustained an industrial injury on 11/24/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having status post left shoulder surgery (date and procedure not specified), status post left wrist surgery (date and procedure not specified), and osteoarthritis of bilateral hands. Treatment to date has included surgical intervention and medications. Currently, the injured worker complains of persistent left wrist and forearm pain. Radiographic imaging results were referenced. The treatment plan included 8 sessions of physical therapy for the left shoulder. It was documented that has not had post-operative physical therapy since surgery (11/13/2014) and developed weakness due to a combination of left hand, wrist and forearm disability. He needed instruction/formal therapy and exercises to strengthen the left shoulder without the use of his left hand and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment 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 two times per week times 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 status post left wrist surgery; status post left shoulder surgery; and osteoarthritis bilateral hands (?). The medical record contains six pages and one progress note dated March 17, 2015. Subjectively, the injured worker complains of persistent left wrist/forearm pain. Objectively, there is no physical examination documented record. The objective section contains x-rays and CAT scan results. The treating provider states the injured worker has not had postoperative PT since November 13, 2014. There is no documentation evidencing objective functional improvement. Consequently, absent clinical documentation with objective functional improvement (from the first set of six physical therapy sessions according to the UR) with compelling clinical documentation indicating additional physical therapy is clinically indicated, physical therapy two times per week times four weeks to the left shoulder is not medically necessary.