

Case Number:	CM15-0078556		
Date Assigned:	04/29/2015	Date of Injury:	11/08/2013
Decision Date:	05/28/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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 55 year old male, who sustained an industrial injury on 11/08/2013. On provider visit dated 04/13/2015 the injured worker has reported left shoulder pain, low back pain and neck pain. On examination of the left shoulder revealed a healed surgical scar of left shoulder, and a decreased range of motion. The diagnoses have included severe left shoulder residual after prior arthroscopic surgery and left shoulder adhesive capsulitis. Treatment to date has included MRI. The provider requested physical therapy 3x6, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6, 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 times six weeks of 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 exceeds the guideline, exceptional factors should be noted. The injured worker is working diagnosis are severe left shoulder residuals after arthroscopic surgery at [REDACTED] January 2, 2014; left shoulder adhesive capsulitis; rule out intra-articular pathology; cervical strain; lumbar strain; cervical radiculopathy; and lumbar radiculopathy. The treatment plan in a progress note dated December 3, 2014 states the injured worker will receive aggressive range of motion exercises; is improving. There are no physical therapy progress notes in the medical record. The injured worker status post arthroscopy and received a full course of physical therapy pursuant to the procedure. There is no provider documentation of objective functional improvement of prior PT. In the most recent progress note dated April 13, 2015, the treating provider is requesting a "trial" of three visits per week times six weeks (18 sessions). There are no compelling clinical facts in the medical records indicating additional physical therapy is needed. There is no documentation of prior physical therapy to date in the medical record. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy sessions and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy three times per week times six weeks of the left shoulder is not medically necessary.