

Case Number:	CM15-0093286		
Date Assigned:	05/19/2015	Date of Injury:	08/14/2013
Decision Date:	06/18/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30-year-old male injured worker suffered an industrial injury on 08/14/2013. The diagnoses included right shoulder arthroscopy and left shoulder SLAP lesion and biceps tendinitis. The diagnostics included left and right magnetic resonance imaging. The injured worker had been treated with home exercise program. On 4/8/2015, the treating provider reported slow improvement in the strength of the right arm. The left arm pain was improved with the cortisone injections. He still has occasional clicking in both shoulders. There is tenderness of the left shoulder. The treatment plan included Physical therapy to bilateral shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to bilateral shoulder qty: 8: 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 Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, OGD Preface ½ Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. ODG further specifies "Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks. Medical treatment, partial tear: 20 visits over 10 weeks. Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks." The medical documentation provided indicates this patient has had greater than 30 physical therapy sessions. The request for 8 sessions is far in excess of MTUS and ODG guidelines. The treating physician has not provided documentation why this patient cannot be transitioned to a home exercise program. As such, the request for Physical therapy to bilateral shoulders qty: 8 is not medically necessary.