

Case Number:	CM15-0093349		
Date Assigned:	05/21/2015	Date of Injury:	02/18/2014
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
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: 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:

This 42 year old woman sustained an industrial injury on 2/18/2014 due to cumulative trauma. Evaluations include left shoulder MRI dated 1/2015. Diagnoses include left shoulder subacromial impingement syndrome and cervicothoracic spine strain rule our cervical radiculopathy. Treatment has included oral medications, cortisone injection, and physical therapy. Physician notes dated 3/17/2015 show complaints of left shoulder pain that travels to the left elbow at times with numbness and tingling. Recommendations include electrodiagnostic testing, cervical and thoracic spine and left shoulder MRI, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, for the Left Shoulder, 4 times per wk for 6 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for the left shoulder two times per week times six weeks 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. In this case, the injured worker's working diagnoses are left shoulder subacromial impingement syndrome; and cervico-thoracic spine strain left cervical radiculopathy. According to progress note dated March 17, 2015, the injured worker sustained injury to the left shoulder. The injured worker complains of left shoulder pain. Workup has included x-rays, MRI left shoulder on January 2015, #4 physical therapy sessions, and the injured worker was off work six weeks. The March 17th 2015 progress note is the initial provider's evaluation. No prior medical records were reviewed. The injured worker received #4 physical therapy sessions prior to evaluation with the treating provider. There was no documentation indicating objective functional improvement with the initial for physical therapy sessions. The request for authorization indicates two sessions of physical therapy per week times six weeks. The guidelines recommend 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). The treating provider has not reviewed prior records. The injured worker received #4 visits with no documentation indicating objective functional improvement. The treating provider should obtain prior medical record documentation of prior physical therapy. After review of prior physical therapy to determine whether or not there was objective functional improvement, additional physical therapy may be clinically indicated. Consequently, absent clinical documentation with evidence of objective functional improvement (#4 prior physical therapy sessions), physical therapy for the left shoulder two times per week times six weeks is not medically necessary.