

Case Number:	CM13-0019793		
Date Assigned:	10/11/2013	Date of Injury:	06/04/1998
Decision Date:	01/13/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 06/04/1998. The primary treating diagnosis is 711.11 or arthropathy. A treating physician notes report the diagnoses of a failed shoulder arthropathy with a progressive left shoulder cuff arthropathy and also progressive degenerative disc disease of the cervical spine. An initial physician review noted that this patient is a 55-year-old man who was injured while operating a power jack when he was thrown against the wall at work in 1998. The physician notes that this case is an outlier since the patient underwent a revision shoulder arthroplasty and there are no specific guidelines for that. However, the reviewer notes that the therapy of the requesting physician documenting specific measured improvement is not defined. On 07/26/2013, a note from the treating provider notes that the patient was making slow and steady progress given his severe and prolonged left shoulder and left upper extremity disability. That note indicates the patient had significant goals to continue to address including significant weakness of the entire left upper extremity and the left scapular thoracic area and the related cervical and thoracic spine. That physician recommended that the patient reduce his physical therapy to once a week for 8 weeks, noting the patient needs formal supervision and guidance to be sure he did not exceed his limits or has not met reasonable limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." This same guideline also recommends, "Active therapy requires an internal effort by the individual to complete a specific exercise or task." A prior physician reviewer noted that there was no specific progress documented to support additional therapy. In this case, the medical records from the treating provider are very specific in detail and explicitly outline goals for strengthening of particular muscles, noting in particular that the plan was to taper treatment to weekly but that further supervision was needed in order to be sure the patient did not injure himself with too much activity or lack progress with too little exercise. The medical records are very specific in terms of the rationale for the present treatment. This request is medically necessary.