

Case Number:	CM13-0030155		
Date Assigned:	11/27/2013	Date of Injury:	06/12/2013
Decision Date:	02/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 20 year-old male who reported an injury on 06/12/2013. The current request for consideration is for 8 additional physical therapy sessions 2 times a week x4 weeks for the left shoulder. Notes indicate that the patient is currently diagnosed with a rotator cuff syndrome and a shoulder sprain/strain. Clinical notes submitted for review document 14 sessions of physical therapy attended between the dates of 06/28/2013 and 09/13/2013. An MRI was obtained of the patient's left shoulder on 08/16/2013, which revealed findings of a low grade bursal-sided fraying of the supraspinatus posterior tendon fibers at the footprint, with no evidence for high-grade or full-thickness rotator cuff tendon tear and no acute osseous abnormalities and an intact labrum. The most recent clinical evaluation of the patient on 10/08/2013 indicated that the patient was doing better since his last visit and that the patient now had less pain. Notes indicated the patient had 2 visits of physical therapy remaining, and physical therapy was helping. Objective evaluation of the patient indicates a Jamar grip strength was obtained with right-sided strength of 44/38/42 kg versus the left at 30/30/30 kg. Treatment plan notes indicate a recommendation for the patient to continue with his present medications as prescribed, and for the patient to attend 8 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 additional sessions of Physical Therapy, 2x/wk for 4 weeks, for the left shoulder: 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 rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review fails to detail exceptional factors for this patient to continue with physical therapy outside of the recommendations of the guidelines versus a home exercise program from which the patient may derive further benefit. The physical therapy notes from 09/13/2013 indicated that the patient was educated in a home exercise program, and that the patient's therapy program was upgraded. Given the above, the decision for 8 additional sessions of physical therapy, 2 times a week for 4 weeks, for the left shoulder is not medically necessary and appropriate.