

Case Number:	CM13-0050503		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 11/5/12. A utilization review determination dated 10/31/13 recommends non-certification of physical therapy x 12 sessions right shoulder and cervical. A progress report dated 12/19/13 identifies subjective complaints including some increased discomfort with the colder weather. Objective examination findings identify cervical tenderness with limited ROM, periscapular and trapezius tenderness, Grade IV/V rotator cuff/deltoid/biceps strength, mild active ROM limitation of the shoulder with greater passive ROM, patchy decreased sensation in the RUE in the C6 distribution. Diagnoses include s/p right shoulder operative arthroscopy with glenoid microfracture procedure and subacromial bursectomy 4/3/13; cervical spine strain; right cervical radiculopathy; degenerative joint/degenerative disc disease with protrusion at C6-7. Treatment plan recommends additional 12 postoperative therapy visits for the right shoulder as well as treatment for her cervical spine which she has not received as of yet, first requested 10/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Shoulder and Cervical Spine (12 sessions): 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 Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy for the right shoulder and cervical spine (12 sessions), it is noted that the patient has received at least 20 postoperative PT sessions to the right shoulder, with the request for additional sessions made 6 months after surgery, which is no longer within the postsurgical physical medicine treatment period per the CA MTUS. CA MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no documentation of specific objective functional improvement with the previous sessions for the shoulder and a clear rationale why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for either body part, less than the current request for 12 sessions, and there is no provision for modification of the request. In light of the above issues, the currently requested physical therapy for the right shoulder and cervical spine (12 sessions) is not medically necessary.