

Case Number:	CM13-0052227		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2012
Decision Date:	03/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 patient with a date of injury of 12/9/12. A utilization review determination dated 10/28/13 recommends non-certification of 6 additional physical therapy sessions to the right shoulder. An 11/10/13 letter from the patient, an ophthalmologist, notes that she has a frozen shoulder and is performing her exercises at home, but the passive extension and ROM mobilizations that the physical therapist does are some of the most important things needed to return to full Range of Motion (ROM), and she cannot do this herself. 12/3/13 progress report notes that the patient has had 18 Physical Therapy (PT) sessions, but pain recurs after work and she is unable to do the manual therapy by herself. She has right shoulder and upper back pain 8/10. On exam, there is restricted ROM of the right shoulder along with some tenderness. The patient is doing therapy at home. The provider recommended an additional course of PT as well as Physical Medicine and Rehabilitation consult with TOC. A 12/11/13 UR decision notice identifies that consultation with PM&R was certified along with 4 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Physical Therapy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for 6 additional physical therapy sessions for the right shoulder, California 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." They support up to 10 PT sessions for this injury. Within the documentation available for review, there is documentation of completion of 18 prior PT sessions. There are some remaining ROM deficits and it is noted that the patient has a recurrence of pain after working. There is also documentation that the patient is performing a home exercise program, but is unable to perform some of the needed movements at home. Subsequent to the utilization review determination, a consultation with physical medication and rehabilitation was certified, as well as 4 PT sessions in the interim. There is no clear indication for the currently requested 6 sessions at this time. The PM&R consultation should help to identify a clear plan for progression to independent home exercise, as the exercises that the patient describes as unable to be performed by herself can typically be accomplished independently with simple devices such as pulleys so that the patient can continue her rehabilitation at home without the need for additional formal therapy to address her pain and limited ROM. In light of the above issues, the currently requested 6 additional physical therapy sessions for the right shoulder is not medically necessary.