

Case Number:	CM13-0062661		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2002
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert 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 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/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 64-year-old male who sustained an unspecified injury on 5/30/02. The patient was evaluated on 12/3/13 for follow-up of his 7/26/13 left reverse shoulder arthroplasty. The documentation submitted for review indicated that the patient was previously approved for a carpal tunnel release; however, the documentation indicated the patient wanted to delay surgery. The documentation submitted for review indicated that the patient was previously improving on his carpal tunnel symptoms with ongoing therapy. The documentation submitted for review indicated that the patient had significant carpal tunnel type symptoms and was requesting 12 additional sessions of physical therapy for his shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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

Decision rationale: The California MTUS guidelines recommend the use of active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. The documentation submitted for review does not indicate the patient's pain level using the Visual Analog Scale. Furthermore, there were no significant deficits noted with objective findings to support the need for additional physical therapy. The documentation submitted for review indicated the patient had significant carpal tunnel type symptoms; however, the documentation did not indicate what these symptoms were. Therefore, the need for physical therapy for the shoulder is unclear. The documentation submitted for review did not indicate the patient had any functional limitations in relation to the shoulder. Furthermore, the documentation submitted for review did not include any objective findings of functional improvement from previous therapy. It is additionally noted the duration of treatment was not submitted with the request. The duration is important in assuring re-evaluation and treatment plan modifications to ensure patient progress. Given the information submitted for review, the request for 12 additional physical therapy sessions to the left shoulder is non-certified.