

Case Number:	CM13-0068392		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2011
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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:

This is a patient with a date of injury of 7/8/11. A utilization review determination dated 11/20/13 recommends modification of physical therapy from 12 sessions to 6 sessions. 11/11/13 medical report identifies that the patient is s/p right shoulder rotator cuff repeat, excision of distal clavicle, and subacromial decompression on 7/11/13. She has had improvement of pain and has some limited motion. She complained of increased pain on the left side. On exam, there was limited Range of Motion (ROM) bilaterally. Impingement and adduction sign are positive on the left. Right shoulder pain has improved since surgery, but she lacks significant strength and motion. Postoperative Physical Therapy (PT) for the right shoulder had been approved for 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OF THE BILATERAL SHOULDERS, TWICE PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guideline Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Regarding the request for Physical Therapy of the bilateral shoulders, twice per week for six weeks, California MTUS supports up to 10 sessions for medical management and 24 sessions postoperatively. Within the documentation available for review, there is documentation of 24 sessions postoperatively to the right shoulder. Utilization review recommended modification of the current request from 12 sessions to 6 sessions. The current request for 12 sessions exceeds the CA MTUS recommendations for medical management for the left shoulder and postoperative management for the right shoulder given that 24 sessions have apparently been completed. Unfortunately, there is no provision for modification of the current request and there is no clear rationale for exceeding the CA MTUS recommendations in this case. In light of the above issues, the currently requested Physical Therapy of the bilateral shoulders, twice per week for six weeks is not medically necessary.