

Case Number:	CM13-0068423		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2012
Decision Date:	04/11/2014	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 a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 58 year-old with a date of injury of 03/19/12. A progress report associated with the request for services, dated 11/27/13, identified subjective complaints of pain in the right shoulder and a frozen shoulder. The range-of-motion had improved with physiotherapy twice per week. Objective findings included only a mild decrease in range-of-motion of the right shoulder. Strength was normal in the upper extremities. MRI of the right shoulder revealed a tear of the supraspinatus and impingement. Diagnoses included bilateral tendonitis and rotator cuff syndrome of the shoulders. Treatment has included oral and topical analgesics and muscle relaxants. She underwent arthroscopic surgery of the right shoulder on 01/28/13. The record indicates she has had in excess of 70 physical therapy (PT) sessions from the time of surgery in January 2013 until the time of request. A Utilization Review determination was rendered on 11/20/13 recommending non-certification of "additional postoperative physical therapy sessions three times a week for four weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy sessions three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Post-operative Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11,12 and 17.

Decision rationale: The MTUS Postsurgical Guidelines for the shoulder recommend postsurgical physical medicine consisting of 24 visits over 14 weeks with a treatment period of 6 months. The employee has now exceeded the timeframe for that guideline. The general guidelines for postsurgical treatment state that: "Treatment is provided to patients to facilitate postsurgical functional improvement" (page 12). They further note that: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period" (page 11). In this case, the employee has undergone in excess of 70 treatments beyond 6 months. The Chronic Pain Guidelines for physical medicine were considered. These allow for "fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine" (page 99). In view of the extended number and duration of previous physical therapy sessions, and limited documentation of specific functional improvement, ongoing treatments lack medical necessity.