

Case Number:	CM14-0001026		
Date Assigned:	01/22/2014	Date of Injury:	05/19/2011
Decision Date:	04/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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, 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:

According to the records made available for review, this is a 62-year-old female with a 5/19/11 date of injury, and 5/17/13 left shoulder diagnostic and operative arthroscopy. At the time (12/5/13) of request for authorization for additional physical therapy left shoulder 2x6, there is documentation of subjective (occasional stiffness over the left shoulder, and pain and stiffness with overhead activities) and objective (forward flexion to 155 degrees, abduction to 165 degrees, internal rotation to the L5, and manual muscle testing at 4/5 in all planes) findings, current diagnoses (status post left shoulder diagnostic and operative arthroscopy, and left shoulder tendinitis, bursitis, and impingement), and treatment to date (at least 41 previous physical therapy treatments ("continues to make slow and steady progress with physical therapy") and home exercise program). 11/13/13 medical report identifies that patient will require additional therapy as "she continues to have stiffness, pain, loss of motion, weakness, functional deficits, and has progressed well with the physical therapy thus far". There is documentation of at least 41 previous physical therapy treatments completed to date. It cannot be determined if this is a request for additional postoperative physical therapy or not. In addition, it cannot be determined if this is a request for reinitiating or additional physical therapy. Lastly, it cannot be determined if there has been functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY LEFT SHOULDER 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY (PT), PHYSICAL MEDICINE. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, SHOULDER, PHYSICAL THERAPY (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98, Postsurgical Treatment Guidelines.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of status post left shoulder diagnostic and operative arthroscopy on 5/17/13, and left shoulder tendinitis, bursitis, and impingement. In addition, there is documentation of previous physical therapy treatments completed to date. Furthermore, given documentation of subjective (occasional stiffness over the left shoulder, and pain and stiffness with overhead activities) and objective (forward flexion to 155 degrees, abduction to 165 degrees, internal rotation to the L5, and manual muscle testing at 4/5 in all planes) findings, there is documentation of functional deficits and functional goals. However, it cannot be determined if this is a request for additional postoperative physical therapy or not. In addition, it cannot be determined if this is a request for reinitiating or additional physical therapy. Furthermore, given documentation of 41 physical therapy treatments completed to date, which exceeds guidelines, there is no documentation of exceptional factors to justify exceeding guidelines. Lastly, despite documentation that the patient continues to make slow and steady progress with physical therapy, it cannot be determined if there has been functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy left shoulder 2x6 is not medically necessary.