

Case Number:	CM14-0004534		
Date Assigned:	02/05/2014	Date of Injury:	08/13/2003
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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:

The patient is a 71-year-old male who has submitted a claim for status post subacromial decompression (SAD), Mumford, right shoulder (8/26/13), associated with an industrial injury date of August 13, 2003. The patient is status post right shoulder arthroscopy, subacromial decompression, and distal clavicle excision on August 26, 2013. He completed twenty-four (24) sessions of post operative physical therapy. He currently complains of chronic pain, particularly when laying down, and weakness in the right shoulder. The physical examination showed tenderness, limitation of motion and weakness of the right shoulder. The treatment plan includes requests for additional sessions of physical therapy and a purchase of a home shoulder physical therapy (PT) kit to aid in the home exercise program (HEP). The treatment to date has included oral analgesics, right shoulder surgery, physical therapy and home exercises. The utilization review from January 8, 2014 denied the request for ongoing physical therapy two (2) times a week for six (6) weeks to right shoulder because a reasonable course of post operative therapy was provided. The claimant should be educated in a home exercise program. The request for a purchase of a home shoulder PT kit to aid in HEP was also denied because HEP should not require the use of significant amounts of durable medical equipment (DME).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend post-surgical treatment following rotator cuff surgery, twenty-four (24) visits over fourteen (14) weeks are reasonable, with a treatment period of six (6) months. In this case, the patient underwent right shoulder arthroscopy, subacromial decompression, and distal clavicle excision on August 26, 2013. He completed twenty-four (24) sessions of post operative physical therapy. However, there were no objective evidence of overall pain improvement and functional gains derived from the treatment. Moreover, it is not clear as to why the patient is still not versed to a home exercise program to address to residual deficits given the extensive course of physical therapy. There is no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.

PURCHASE OF A HOME SHOULDER PHYSICAL THERAPY (PT) KIT TO AID IN A HOME EXERCISE PROGRAM (HEP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise equipment and Durable medical equipment (DME)

Decision rationale: The Official Disability Guidelines recommend home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The guidelines indicate that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, the patient has completed twenty-four (24) sessions of postoperative physical therapy and was recommended a home exercise program. However, there was no documentation that the patient has been taught appropriate home exercises by a therapist. Additional physical therapy sessions were also requested, which could indicate that the patient is still not taught a home exercise program. Furthermore, the exact content of the exercise kit was not described in the progress reports. It is unclear if the included equipment will be considered for medical treatment. The medical necessity has not been established at this time due to lack of information. Therefore, the request is not medically necessary.