

Case Number:	CM14-0005648		
Date Assigned:	02/05/2014	Date of Injury:	08/12/2008
Decision Date:	09/17/2014	UR Denial Date:	12/31/2013
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 Family 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:

This is a 67 year old female who reported an industrial injury on 8/12/2008, over six (6) years ago, to the bilateral shoulders attributed to the performance of his customary job tasks. The patient subsequently underwent arthroscopy to the bilateral shoulders during 2009 and 2011. The patient continues to complain of shoulder discomfort. The patient was documented to have completed six recent sessions of physical therapy. The objective findings on examination included forward flexion 170 with otherwise normal range of motion; positive bilateral Hawkins test; strength 5/5 to both shoulders; neurovascular intact. The diagnosis was bilateral rotator cuff tendonosis s/p arthroscopy and rotator cuff syndrome. The patient was prescribed an additional 12 sessions of physical therapy directed to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHYSICAL THERAPY 1-2 X6 TO BILATERAL SHOULDERS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-04, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter--PT.

Decision rationale: The patient has received authorization for a significant number of sessions of postoperative physical therapy and has exceeded the recommendations of the California MTUS for the number of sessions and time period recommended for rehabilitation of the postoperative shoulders. There is no demonstrated medical necessity for the provision of more sessions of postoperative PT than recommended by the CA MTUS. The physician provided no additional evidence to support the medical necessity of additional post operative sessions of physical therapy directed to the shoulder in excess of the recommendations of the California MTUS over the recommended self-directed home exercise program. The patient has been authorized recent sessions of post-operative PT for the rehabilitation of the shoulder with no demonstrated sustained functional improvement. The objective findings documented normal strength and almost full range of motion to the postoperative shoulders. The patient was documented to have no weakness and was only noted to have tenderness to palpation to the muscle group surrounding the right shoulder. There is no demonstrated medical necessity for additional formal sessions of physical therapy over the recommended self-directed home exercise program for additional conditioning and strengthening. The patient is noted to be 3 and 5 years status post dates of surgery. The patient complains of right shoulder discomfort with slight decrease in range of motion. There is no demonstrated medical necessity for more than a self-directed home exercise program and NSAIDs over the counter. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of post operative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of twelve (12) additional sessions of physical therapy post operatively for treatment of the right/left shoulder after the prior authorization of more than the CA MTUS recommended number of rehabilitation sessions of physical therapy for rehabilitation of the post-operative shoulder. The request for 12 additional sessions of physical therapy to the post-operative shoulders is not medically necessary.