

Case Number:	CM14-0009900		
Date Assigned:	02/21/2014	Date of Injury:	01/29/2011
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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 & 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:

This 55 year-old patient sustained a shoulder injury on 1/29/11 from lifting drywall while employed. Request(s) under consideration include physical therapy for right shoulder for 6 visits. The report of 12/4/13 from the provider noted the patient feeling as if he is making improvements with right shoulder. Exam showed shoulder range in and/external rotation/flexion at 70/70/160 degrees; non-specific weakness with stressing of rotator cuff. Diagnoses include rotator cuff tear status post right shoulder subscapularis/ infraspinatus repair on 8/26/13. Records indicate the patient has completed at least 22 post-operative physical therapy visits. Request(s) for physical therapy for right shoulder for 6 visits was partially certified for 2 visits on 1/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR RIGHT SHOULDER FOR 6 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, CHAPTER 9 SHOULDER COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES, POST-SURGICAL THERAPY FOR SHOULDER ROTATOR CUFF SYNDROME/IMPINGEMENT SYNDROME,

Decision rationale: This 55 year-old patient sustained a shoulder injury on 1/29/11 from lifting drywall while employed. Request(s) under consideration include physical therapy for right shoulder for 6 visits. Report of 12/4/13 from the provider noted the patient feeling as if he is making improvements with right shoulder. Exam showed shoulder range in and/external rotation/flexion at 70/70/160 degrees; non-specific weakness with stressing of rotator cuff. Diagnoses include rotator cuff tear status post right shoulder subscapularis/ infraspinatus repair on 8/26/13. Records indicate the patient has completed at least 22 post-operative physical therapy visits. Request(s) for physical therapy for right shoulder for 6 visits were partially certified for 2 visits on 1/6/14 citing guidelines criteria and lack of medical necessity. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. Submitted reports show no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 24 authorized physical therapy visits for the arthroscopic repair over 9 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The physical therapy for right shoulder for 6 visits is not medically necessary and appropriate.