

Case Number:	CM14-0103470		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2005
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/03/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 8/20/05. The diagnoses include status post right distal clavicle excision, acromioclavicular joint arthritis on right, history of fusion of the cervical spine with C6-7 protruding disc with right sided radiculopathy, trigeminal neuralgia. Under consideration is a request for 12 Additional Sessions of Post-operative Physical Therapy for the right shoulder, 3 times a week for 4 weeks. There is a primary treating physician (PR-2) document dated 6/2/14 that states that the patient is status post distal clavicle - excision of the right shoulder, which remains painful. She continues to complain of neck pain with pain radiating to the posterior aspect of the occiput. There is pain radiating to her face with blurred vision. On exam inspection of the cervical spine reveals no gross deformity. There is spasm about the neck area. The patient complains of pain with motion. There is point tenderness upon palpation about the neck region. There is decreased cervical range of motion. Inspection of the right shoulder - reveals a well-healed incision with no surrounding erythema or active drainage. There is no atrophy. There is point tenderness upon palpation about the acromioclavicular joint. The right shoulder reveals 160 degrees in flexion, 140 degrees in abduction, and 60 degrees in both internal and external rotation. The bilateral upper extremity strength, sensation and reflexes are all normal. The treatment plan includes continuing physical therapy. There is a 5/ 5/14 progress note that states that patient's physician authorizes therapy the patient would benefit from continued physical therapy to increase bilateral glenohumeral joint stability, cervical range of motion and upper extremity range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Post-operative Physical Therapy for the right shoulder, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p. 98-99 Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: 12 Additional Sessions of Post-operative Physical Therapy for the right shoulder, 3 times a week for 4 weeks is not medically necessary per the MTUS guidelines. The MTUS Postsurgical guidelines recommend up to 24 visits for this condition. The patient should be able to continue a home exercise program at this point which the MTUS recommends. There are no extenuating circumstances that would require 12 more supervised therapy sessions. The request for 12 Additional Sessions of Post-operative Physical Therapy for the right shoulder, 3 times a week for 4 weeks is not medically necessary.