

Case Number:	CM14-0103490		
Date Assigned:	09/24/2014	Date of Injury:	07/11/2013
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
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 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 63-year-old patient who reported an industrial injury on July 11, 2013, 15 months ago, to the shoulder, attributed to the performance of his usual and customary job tasks. The patient was treated conservatively; however, failed conservative treatment and subsequently underwent surgical intervention to the right shoulder. The patient was certified and initial 12 sessions of physical therapy. The patient was noted to have completed 12 sessions of physical therapy however the medical records failed to document any functional improvement. The request for authorization was for 12 additional sessions of physical therapy including electrical muscle stimulation; infrared; massage; and therapeutic activities to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical medicine including electrical muscle stimulation, infrared, massage, and therapeutic activities to the right shoulder, three times weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-04, Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114 Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises

Decision rationale: There was clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the post-operative right shoulder. There is objective evidence provided to support the medical necessity of additional PT up to the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed 12 sessions of the previously authorized PT/physiotherapy and should have been documented to have demonstrated some functional improvement in order to obtain the 24 sessions of postoperative rehabilitation physical therapy recommended by the CA MTUS. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of postoperative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received less than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has not obtained the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. There is demonstrated medical necessity for an additional 3 to 4 sessions of physical therapy directed to the postoperative right shoulder including the specified physical therapy modalities of electric muscle stimulation; infrared; massage; and therapeutic activities is demonstrated to be medically necessary. Therefore, the request for post-operative physical medicine including electrical muscle stimulation, infrared, massage, and therapeutic activities to the right shoulder, three times weekly for four weeks, is medically necessary and appropriate.