

Case Number:	CM14-0104379		
Date Assigned:	09/16/2014	Date of Injury:	04/16/2002
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old female who sustained a work related injury on 04/16/2002 as a result of an unknown mechanism of injury. The patient was initially seen by a new provider on 5/29/2014 who documents that the patient's right shoulder pain, status post-surgical intervention X 2, as well as her cervical strain is stationary and permanent. She has previously had physical therapy, H-wave treatment, injections and medications to address her discomfort. The provider on record determined that more sessions of physical therapy is needed to continue to improve her condition. Following determination that request for physical therapy was denied, patient requests, per the progress report dated 06/30/2014, "wants to return to work since therapy denied". In dispute is a decision for 9 Physical Therapy for the right shoulder, 3 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Physical Therapy for the right shoulder , 3 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy

Decision rationale: Physical Medicine (Therapy): In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Patients are authorized 24 - 30 visits, over either a 14 to 18 week period, respectively, for repair of a rotator cuff issue, whether it was an arthroscopic versus open approach to the procedure. In comparison, post-surgical treatment for complete rupture of the rotator cuff authorized 40 visits over 16 weeks. Upon Utilization Review denial, the patient reports a desire to return to work. This is somewhat curious, as the patient's condition has been determined to be stationary and permanent. Bearing this in mind, the request is not found to be medically necessary.