

Case Number:	CM14-0108164		
Date Assigned:	08/01/2014	Date of Injury:	09/03/2010
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Pain Management 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 patient with a date of injury of September 3, 2010. A utilization review determination dated June 18, 2014 recommends noncertification for additional physical therapy to the left shoulder 8 sessions. The physical therapy progress report dated June 12, 2014 indicates that the patient underwent a left shoulder subacromial decompression on March 7, 2014. The current pain is 0/10. The functional limitation is documented as a moderate limitation and has not changed since May 14 of 2014. Range of motion has slightly improved since May 14, 2014 and strength has slightly improved since May 14, 2014. The treatment plan recommends continuing therapy 2 times a week for 4 weeks. A progress report dated June 10, 2014 identifies subjective complaints of improving symptoms with therapy. Physical examination findings reveal forward flexion from 0 to 175, external rotation from 0 to 40, and internal rotation to T12. There is also improved strength. The diagnoses include status post left shoulder arthroscopy subacromial decompression. The treatment plan requests additional physical therapy. A prior report dated May 13, 2014 identifies range of motion including forward flexion from 0 to 175, external rotation from 0 to 40, and internal rotation was to T12.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12 and 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Post Surgical Treatment Guidelines recommend an initial trial of 12 postsurgical visits for the treatment of rotator cuff sprains with a maximum of 24 visits over 14 weeks recommended. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any significant objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.