

Case Number:	CM14-0010468		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2004
Decision Date:	08/01/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 60-year old female patient with 8/25/04 date of injury. She injured herself when she lost her footing and fell. She grabbed a piece of lighting which struck her shoulder. A 5/22/13 progress report indicated that the patient still had pain and swelling in her right arm and could not use it. There was also pain in her left arm. Physical exam revealed that the patient was able to elevate to 40 degrees, externally to 30 degrees. Her supraspinatus muscle was completely weak and she could not lift her arm. She had two right arm rotator cuff surgeries on 11/04 and 9/11. Physical therapy note dated on 12/3/13 indicated that the patient presented with significant decreased shoulder range of motion, muscle weakness, and neuromuscular control which affected her daily activities. Physical therapy sessions improved her condition with increased functional gains compared to the 6/24/13 progress note. Diagnostic Impression: Rotator Cuff Syndrome. Treatment to date: physical therapy. There is documentation of a previous 12/30/13 adverse determination, because the patient was removed from undergoing surgical intervention to the affected shoulder and received access to physical therapy previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder, (2) times per week for (8) weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114); Official Disability Guidelines (ODG) Shoulder Chapter: Physical Therapy Guidelines.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, the patient had more than 30 physical therapy sessions. ODG supports up to 10 sessions of physical therapy over 8 weeks for Impingement Syndrome. In addition, the quantity of her physical therapy sessions far exceeded guideline recommendations. In addition, it was not clear why the patient has not been able to transition successfully to a home exercise program. Therefore, the request for additional physical therapy for the right shoulder, 2 times per week for 8 weeks is not medically necessary.