

Case Number:	CM14-0014042		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2013
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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:

The patient is a 34-year-old male who has submitted a claim for persistent right shoulder joint pain associated with an industrial injury date of 01/15/2013. Medical records from 01/28/2013 to 12/18/2013 were reviewed and showed that patient complained of persistent right shoulder pain radiating to the right arm and fingers. The pain was aggravated with overhead shoulder movement and exposure to cold weather. Physical examination revealed tenderness over the right acromioclavicular (AC) joint. The patient had limited right shoulder ROM with flexion abduction, internal rotation, and extension. The motor reflexes were intact. Hyperesthesia from the right shoulder radiating downward in a glove-like distribution was noted. X-ray of the right shoulder done on 1/29/2013 yielded no evidence of fracture or dislocation. The treatment to date has included arthroscopic debridement of a labral tear (11/11/13), right shoulder manipulation under anesthesia (11/11/13), coracoacromial ligament resection (11/11/13), 24 completed visits of physical therapy post-operation, chiropractic treatment, and single cortisone injection to the right shoulder (05/20/2013). Utilization review, dated 01/29/2014, denied the request for eighteen visits of physical therapy at three times a week for six weeks to the right shoulder because the ACOEM guidelines page 114 SB 228 , Section 4604.5, paragraph (d) states, "Notwithstanding the medical treatment utilization schedule or the guidelines set forth in the ACOEM Practice guidelines, for injuries occurring on and after January 1, 2004, an employee shall be entitled to no more than 24 chiropractic and 24 physical therapy visits per industrial injury. ODG Physical Therapy Guidelines for post-surgical therapy of dislocated shoulder is 24 visits over 14 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY : PT 3X6 TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines.

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

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The Post-Surgical Treatment Guidelines Dislocation of Shoulder 9792.24.3. Section (d) (1) recommends 24 visits over 14 weeks of post-surgical physical medicine treatment for dislocated shoulder. In this case, the patient has already completed 24 visits of post-surgical physical therapy for dislocated shoulder in accordance with the guidelines. Therefore, the patient has sufficient capability to continually achieve improvement of the right shoulder with an independent home exercise program. The California MTUS Guidelines clearly state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the request for additional physical therapy (PT) three (3) times a week for six (6) weeks for the right shoulder is not medically necessary.