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| Case Number: | CM14-0015794 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 03/24/2010 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 55 year old female with a reported date of injury on 03/24/2010. The injured worker's diagnoses include status post right shoulder subacromial decompression, cervical spine myofascial strain and sprain, thoracic spine myofascial strain and sprain, and lumbar spine myofascial strain and sprain. The clinical noted dated 10/23/2013 noted that the injured worker had complaints of pain to the right shoulder and increased anxiety with a slow progress of PT. It was noted that the injured worker has completed 12 sessions of physical therapy. Upon examination it was noted there was tenderness to the right AC joint, biceps tendon groove, and superior deltoid. Range of motion to the right shoulder was measured at 90 degrees of flexion, 90 degrees of abduction, and 40 degrees of extension. Additional findings included a positive Hawkin's test and 5/5 strength testing. The Request for Authorization for physical therapy 3 times a week for 4 weeks for the right shoulder was submitted on 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT HAND/SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS Postsurgical Guidelines state physical therapy may be recommended postoperatively for functional improvement. The Guidelines recommend up to 24 visits over 14 weeks with a postsurgical period of 6 months. There is a lack of evidence within the available documentation that the injured worker had significant functional improvement to include improvement of activities of daily living and reduction in work restrictions. Additionally, the provided documentation shows that the injured worker underwent surgical repair of the shoulder approximately 8 months ago which exceeds the recommended postsurgical treatment period of 6 months. Furthermore, there is lack of evidence provided within the documentation as to why the injured worker would benefit from additional physical therapy sessions verse a self-directed home exercise program. Due to the above factors, the request is not medically necessary and appropriate.