

Case Number:	CM14-0017045		
Date Assigned:	04/16/2014	Date of Injury:	09/15/2010
Decision Date:	05/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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:

The injured worker is a 57 year old male who reported an injury on 09/05/2010. The mechanism of injury was when he lifted a pipe he felt a sharp pain in both of his shoulders. On 04/24/2011 the injured worker had surgery; specified as a right arthroscopic rotator cuff repair, decompression, and distal clavicle excision. The progress note on 06/13/2013 reported the injured worker completed 6 sessions of physical therapy and it had been helpful for pain relief and strengthening, however there were no physical therapy notes submitted for review. The clinical information submitted for 10/01/2013 states the injured worker had failed conservative treatment of the left shoulder with physical therapy, exercises, oral medication, cortisone injections, rest and activity modification. The progress note also states that due to worsening and disabling pain and weakness to the left shoulder the injured worker is a reasonable candidate for arthroscopic decompression and possible repair as well. There was range of motion testing on 10/01/2013 which showed flexion at 150 degrees and abduction at 70 degrees. The request for authorization was for physical therapy to the left shoulder for 12 sessions, 2 times a week for 6 weeks due to impingement syndrome, bursitis subacromial, and osteoarthritis of the shoulder at the acromial joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LEFT SHOULDER FOR 12 SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The request for physical therapy to left shoulder for 12 sessions, 2 times a week for 6 weeks is not medically necessary. The injured worker reported an injury on 09/05/2010 and had surgery on 04/24/2011 consisting of a right arthroscopic rotator cuff repair, decompression, and distal clavicle excision. The progress note from 06/13/2013 reported 6 sessions of physical therapy and it had been helpful for pain relief and strengthening, however there were no physical therapy documentation with objective functional gains made with treatment. The California MTUS guidelines recommend for unspecified myalgia and myositis 9-10 visits over 8 weeks to functional improvement. Therefore, the request for 12 sessions of physical therapy 2 times a week for 6 weeks exceeds the guideline and there was no documentation of exceptional factors to warrant further visits beyond the recommendation. The clinical documentation on 10/01/2013 states the injured worker has failed conservative treatment of the left shoulder with physical therapy, exercises, oral medication, cortisone injections, rest and activity modifications. In addition, the progress note also states that due to worsening and disabling pain and weakness to the left shoulder the injured worker is a reasonable candidate to arthroscopic decompression and possible repair as well. Therefore, in the absence of a clear rationale stating why further physical therapy would be beneficial, the request is not supported. As such, the request is not medically necessary.