

Case Number:	CM14-0111804		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2013
Decision Date:	12/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal 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 most recent handwritten progress note dated June 24, 2014 was partly illegible. There were no subjective complaints documented. Objective physical findings include right shoulder range of motion flexion 150 degrees, abduction is 150 degrees, external rotation at 80 degrees, and internal rotation is 80 degrees, Right shoulder (? - illegible) 4/5, (? - illegible) 4/5. The IW (injured worker) was diagnosed with status post right shoulder subacromial decompression on March 5, 2014. Current medications were not documented. The provider is recommending PT 2 times a week for 4 weeks. The ██████ Utilization Review reports that 12 sessions of physical therapy (PT) were certified on February 5, 2014. Another 8 sessions were certified on April 21, 2014. Another 4 sessions were certified on May 21, 2014. This is a total of 24 sessions of PT to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 4 weeks (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy, Rotator Cuff Syndrome/Impingement Syndrome, Adhesive Capsulitis, Dislocation of Shoulder, Acromioclavicular Joint Dislocation, Sprained Shoulder (Rotator Cuff), Arthritis, Brachial Plexus Lesions, Fracture Clavicle, Fracture Humerus, Work Conditioning

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times per week for four weeks (eight visits) is not medically necessary. The guidelines state patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, negative direction or no direction (prior to continuing with physical therapy). The guidelines provide for post-surgical treatment, arthroscopic: 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. In this case, the injured worker underwent 24 physical therapy sessions after rotator cuff repair. The injured worker claims subjective improvement after the respective physical therapy sessions. The treating physician requested an additional two physical therapy sessions per week for four weeks for a "flare" of symptoms. There was no evidence of objective functional improvement in the prior physical therapy notes. Additionally, the injured worker can perform home-based physical therapy exercises after having received 24 visits. Consequently, additional physical therapy two times per week for four weeks (eight visits) is not medically necessary. Space on the clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy two times per week for four weeks (eight visits) is not medically necessary.