

Case Number:	CM14-0112208		
Date Assigned:	08/01/2014	Date of Injury:	06/18/2013
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
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 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:

This is a 69-year-old male with a 6/18/13 date of injury, when he was pushed into the door and sustained the injury to his right shoulder. The patient underwent right shoulder arthroscopy and rotator cuff repair on 2/13/14. The progress notes indicated that the patient accomplished 6 sessions of physical therapy (PT) for his shoulder. The patient was seen on 3/24/14 with complaints of 5-6/10 constant low back pain associated with weakness. The patient was taking Norco and Naprosyn. Exam findings revealed minimal range of motion of the right shoulder; the testing was not performed due to a recent surgery. The motor examination was grossly intact. The patient was advised to perform exercises at home. The diagnosis is status post right shoulder surgery. Treatment to date: sling, work restrictions, 6 PT sessions, and medications. An adverse determination was received on 6/12/14. The request for Physical Therapy 3 x 6 week - Right Shoulder was modified to 4 sessions to compete total of 10 visits recommended due to the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Physical Therapy 3 x 6 week - Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114) Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy

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. In addition, the ODG guidelines recommend 10 visits over 8 weeks for the rotator cuff/sprained shoulder. The UR decision modified the request from 12 visits of PT to 4 visits, to allow the patient accomplished 10 recommended visits. The patient accomplished 6 PT visits to date 2/7/14. There is a lack of documentation indicating that the patient accomplished additional 4 sessions of PT. In addition, the PT progress notes were handwritten and somewhat illegible and there is a lack of documentation indicating any subjective or objective functional gains from the PT treatment. Therefore, the request for Physical Therapy 3 x 6 week - Right Shoulder was not medically necessary.