

Case Number:	CM14-0113324		
Date Assigned:	09/16/2014	Date of Injury:	01/12/2012
Decision Date:	10/27/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Environmental Medicine and is licensed to practice in Ohio and West Virginia. 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:

Individual is a 63 year old female with a 1-12-12 date of industrial injury. She is post right shoulder arthroscopic subacromial decompression surgery June 2013. She attended physical therapy at that time for 6 visits, for the right shoulder. She also has a diagnosis of cervical strain with a 4-5 mm cervical bulge at C4-5 and right thumb basal joint arthritis. Individual complains of continued neck pain and shoulder pain that radiates down the arms (subjective) Her arms and elbow hurt on the right side as well. 6-2-14 examination shows spasm in the cervical paraspinal musculature with painful ROM. Arthroscopic portals are well healed (objective). Utilization review 6-23-14 for PT 2 x 6 to the right shoulder was modified to 2 x 3 treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times six (6) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, page 114; Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Individual is 15 months post- surgery from the arthroscopic SAD procedure. ODG recommends up to 24 visits over a 14 week period following surgery. The procedure was 15 months earlier and does not qualify for this recommendation. Physical Therapy 2 times a week for 6 weeks is above the recommended trial period and is considered not medically necessary.