

Case Number:	CM14-0118323		
Date Assigned:	08/06/2014	Date of Injury:	02/12/2013
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 51 year old male who reported a date of injury of 02/12/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of rotator cuff tear, Impingement syndrome and arthritis of the shoulder. Prior treatment included physical therapy. The injured worker had x-rays and magnetic resonance imaging (MRI) of the shoulder, the dates of which were not provided. Surgeries included right shoulder arthroscopic subacromial decompression 03/21/2014. The clinical note dated 05/13/2014 noted the injured worker had complaints of right shoulder pain and indicated it was improving. The injured worker reported he was not using an immobilizer as of 05/03/2014 except to sleep. The injured worker's range of motion without pain was 150 degrees of forward elevation, 35 degrees of external rotation arm at side, 70 degrees of external rotation 90 degrees abduction. The physical therapy note dated 07/15/2014 noted the injured worker had complaints of pain rated 2-9/10 with stiffness. The physical therapy note indicate the injured worker completed 24 physical therapy visits and the provider recommended additional therapy. The injured worker had 160 degrees of forward extension and 4/5 motor strength. The treatment plan included recommendations for the continuation of physical therapy and a home exercise program. Medications included Norco and Ibuprofen. The rationale was not provided within the medical records received. The request for authorization form was dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127 - 129.

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

Decision rationale: The request to continue physical therapy two times six is not medically necessary. The injured worker had complaints of right shoulder pain and indicated it was improving. The injured worker reported he was not using an immobilizer as of 05/03/2014 except to sleep. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend 24 visits sessions of physical therapy over 14 weeks post surgically. The guidelines recommend a physical medicine treatment period of 6 months. The guidelines indicate, in the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the post-surgical physical medicine period. Per the provided documentation, the injured worker completed 24 sessions of physical therapy as of 07/15/2014. The request for 12 additional visits would exceed the guideline recommendations. There is no documentation indicating exceptional factors which would demonstrate the injured worker's need for additional therapy beyond the guideline recommendations. Additionally, the request does not indicate the site at which the therapy is to be performed. As such, the request is not medically necessary.