

Case Number:	CM14-0118786		
Date Assigned:	08/06/2014	Date of Injury:	12/05/2013
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female with a 12/5/13 date of injury; the mechanism of the injury was not described. The patient underwent left rotator cuff repair on 3/13/14. The progress note dated "7/11/14" was handwritten and somewhat illegible and stated that the patient complained of pain in the left shoulder. The pain level was 0/10, the patient's symptoms improved and that she returned to work and is able to work with restrictions. The patient denied any new injuries. Exam findings revealed " good" range of motion. The patient was instructed to lift only up to 20 pounds and perform minimum work with her left shoulder. The previous UR review dated 7/21/14 stated that the patient had completed 24 visits of PT; the progress reports from the treating physician were not available for the review. The response for the UR denial from the treating physician dated 7/25/14 indicated, that although the patient did not have discomfort in the shoulder, she was still weak and needed cuff strengthening exercises for several months. The diagnosis is status post left rotator cuff repair. Treatment to date: left rotator cuff repair (3/13/14), 24 PT sessions and medications. An adverse determination was received on 7/21/14. The request for physical Therapy #8 sessions was denied because the clinical information indicated that the patient received 24 PT sessions and has plateaued from the benefits of PT. In addition, it was noted that the patient was capable of performing home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #8 sessions: 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, shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines (Physical Therapy page 98-99) Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Shoulder Chapter (ODG).

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. The UR note dated 7/21/14 indicated that the patient completed 24 sessions of PT. However, there is a lack of documentation indicating ongoing functional gains from the treatment. It is not clear, why the patient cannot transition into an independent home exercise program. In addition, the requesting physician did not specify to which shoulder the PT should be provided. Therefore, the request for Physical Therapy # 8 sessions was not medically necessary.