

Case Number:	CM14-0121169		
Date Assigned:	08/06/2014	Date of Injury:	05/11/2010
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

According to the records made available for review, this is a 45-year-old male with a 5/11/10 date of injury, and right shoulder arthroscopic debridement of a labral tear, acromioplasty with resection of CA ligament, and rotator cuff repair on 5/20/14. At the time (7/18/14) of the Decision for 2 Physical Therapy Sessions for the Right Shoulder, there is documentation of subjective (right shoulder pain) and objective (decreased range of motion of right shoulder) findings, current diagnoses (right shoulder tear), and treatment to date (medications and 8 previous physical therapy treatments). Medical report identifies additional 16 physical therapy treatments that have been authorized/certified. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Physical Therapy Sessions for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule Page(s): 17.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right shoulder tear. In addition, there is documentation of status post shoulder arthroscopic debridement of a labral tear, acromioplasty with resection of CA ligament, and rotator cuff repair on 5/20/14. Furthermore, there is documentation of 24 post-op PT treatments completed/authorized to date (8 physical therapy treatments completed to date and 16 additional physical therapy treatments authorized/certified) which is the limit of guidelines. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for 2 Physical Therapy Sessions for the Right Shoulder is not medically necessary.