

Case Number:	CM14-0124901		
Date Assigned:	09/26/2014	Date of Injury:	06/01/2013
Decision Date:	11/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgeon and is licensed to practice in Florida, Maryland, Pennsylvania, 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:

The injured worker is a 62-year-old female who reported an injury on 06/01/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of shoulder impingement, rotator cuff tendon tear, shoulder strain, and shoulder tendinitis. Past medical treatment consists of surgery, physical therapy, the use of an E stim, manual therapy, and medication therapy. Diagnostic tests consist of Depo-Medrol, injections to the major joints, Marcaine injections, and x-rays of the spine. On 08/26/2014, the injured worker stated that since her retirement, her neck pain has completely resolved and her left shoulder is also improving. It was also noted that the injured worker stated that overall range of motion, function, and strength had improved and she was a lot more comfortable. Physical examination revealed that range of motion had approximately 160 degrees of forward flexion, 90 degrees of abduction, 40 degrees of external rotation, 45 degrees of internal rotation, and 30 degrees of extension. The injured worker had some mild anterior joint pain. There was no posterior or lateral discomfort and neuromotor exam distally was otherwise noted to be intact. It was documented that the injured worker has completed 18 sessions of physical therapy to date. The medical treatment plan is for the injured worker to have additional physical therapy. The rationale was not submitted for review. A Request for Authorization form was submitted on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 4 Wks.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Physical Therapy three times a week times four weeks is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy. It was indicated in the submitted documentation that the injured worker was doing well with prior physical therapy. She had major improvements with range of motion and functional deficits. It was also noted that the injured worker had completed 18 sessions of physical therapy. The request as submitted is for an additional 12 sessions of physical therapy, exceeding the recommended guidelines of 10 visits of physical therapy. Additionally, there was no rationale submitted for review warranting the continuation of physical therapy. Furthermore, it is unclear as to how the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.