

Case Number:	CM14-0126613		
Date Assigned:	08/13/2014	Date of Injury:	09/10/2013
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 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:

The patient is a 60-year-old female who sustained an industrial injury on 9/10/13 and had right shoulder pain. She also has associated neck pain. She has failed non-operative treatment and the MRI showed right rotator cuff tear. On 3/7/14 she had undergone right rotator cuff repair, right distal clavicle resection, and right subacromial decompression. She has attended numerous physical therapy visits both pre and postoperatively with significant improvement in regard to active range of motion and functional tasks; she states that she really feels therapy is helping. From her most recent consultation on 7/2/14, she feels that her preoperative level of pain is very much decreased but still complains of significant right shoulder pain. On exam she demonstrated tenderness of acromioclavicular joint, positive shoulder impingement sign, and positive shoulder drop test. She had 140 degrees of abduction, 160 degrees of flexion, and 20 degrees off external and internal rotation. MRI of cervical spine revealed double-crush syndrome. Diagnosis was right rotator cuff reconstruction and recommendation was additional physical therapy. Request for Physical therapy 2 x 4 (8 visits) for the right shoulder was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 (8 visits) for the right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As per California MTUS guidelines, physical medicine 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. The Official Disability Guidelines for shoulder impingement syndrome, allow 10 physical therapy visits over 8 weeks and shoulder post-arthroscopy, allow 24 physical therapy visits over 14 weeks. California MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.