

Case Number:	CM14-0133270		
Date Assigned:	08/22/2014	Date of Injury:	04/27/2013
Decision Date:	10/31/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 & 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:

This is a 34-year-old male with a 4/27/13 date of injury. A specific mechanism of injury was not described. According to an orthopedic consultation report dated 7/2/14, the patient is status post arthroscopic superior labral SLAP repair and subacromial decompression of the right shoulder in January 2014. He still has residual right shoulder pain. He also has ongoing cervical radicular complaints and paresthesias on the right arm. According to the patient, he has only had 3 postoperative physical therapy sessions. The provider indicated that the patient is in need of further post-operative therapy to initiate a physical therapy program for neck stabilization exercises and right shoulder range of motion and rotator cuff strengthening exercises. Objective findings includes tenderness about the right and left paracervical muscles, 30% loss of cervical motion, head compression test reproduces pain about the right and left paracervical muscles, right trapezius, and right upper arm, restricted range of motion of right shoulder. Diagnostic impression includes cervical radiculitis, previous arthroscopic superior labral SLAP repair and subacromial decompression with residual loss of range of motion and weakness. Treatments to date are medication management, activity modification, surgery, physical therapy. A UR decision dated 8/13/14, denied the request for physical therapy 3x/a week x 6weeks neck, right shoulder. The request is not reasonable as patient was injured in 2013 without documentation of how many sessions of physical therapy previously performed, and there is no documentation of objective functional improvement through prior therapy. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 8/13/14 denied the request for physical therapy 3x/wk x 6wks neck, right shoulder. The request is not reasonable as patient was injured in 2013 without documentation of how many sessions of PT previously performed, and there is no documentation of objective functional improvement through prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x/a week x 6weeks neck, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in this case, postsurgical treatment guidelines support up to 24 visits over 14 weeks for arthroscopic shoulder repair. The patient had surgery in January 2014, and is well beyond the postsurgical physical medicine period. In addition, there is no documentation of functional improvement from the previous physical therapy sessions he has completed. Therefore, the request for physical therapy 3x/a week x 6weeks neck, right shoulder is not medically necessary.