

Case Number:	CM14-0136517		
Date Assigned:	09/03/2014	Date of Injury:	12/02/2010
Decision Date:	10/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Alabama. 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 36-year old female who was injured on 12/02/2010. The mechanism of injury is unknown. Prior medication history included Naproxen, Ultram, and Norco. The patient underwent right shoulder arthroscopic subacromial decompression, extensive glenohumeral debridement, distal clavicle excision, and biceps tenodesis on 10/09/2012. Re-evaluation report dated 01/27/2004 indicates the patient complained of continue right shoulder pain rated as 2/10. She reported her range of motion has improved with physical therapy. Objective findings on exam revealed right shoulder range of motion with abduction at 130; flexion at 160; extension at 60; internal rotation at 70; external rotation at 70; adduction at 40. Motor strength is 5/5. She has positive impingent bilaterally. The patient is diagnosed with right shoulder strain, right elbow lateral epicondylitis; right shoulder subacromial impingement syndrome, AC arthritis and biceps tendinopathy. She has been recommended to continue with her physical therapy to address bilateral shoulders for her pain and continued weakness. Prior utilization review dated 08/05/2014 states the request for Physical therapy to right shoulder, twelve sessions, twice a week for six weeks is modified to certify 3 physical therapy visits as medical necessity has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to right shoulder, twelve sessions, twice a week for six weeks: Overturned

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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

Decision rationale: The above ODG guidelines for shoulder physical therapy states for rotator cuff syndrome/impingement syndrome as well as for adhesive capsulitis the number of visits for post-surgical arthroscopic treatment is 24 visits. In this case, PT note from 1/10/14 states that "Ms. Ruttien has participated in physical therapy 1-2x/week for a total of 18 visits... prognosis for physical therapy remains fair to good." Note from PA-C Cohen-Tomlan on 1/27/14 states "She has not had physical therapy in two weeks." Therefore the patient has had 18 sessions of therapy as of 1/27/14, with 6 sessions of therapy still indicated, when a request for an additional 12 sessions was made. Because I am asked to decide on whether a request is medically necessary or not, and not make any modifications to the request, I will lean towards what can more likely benefit the patient, which in this case would be to approve the request for 12 sessions of therapy instead of 0 sessions of therapy. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.