

Case Number:	CM14-0146565		
Date Assigned:	09/22/2014	Date of Injury:	08/05/2013
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Pain Medicine 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 patient with a date of injury of August 5, 2013. A utilization review determination dated August 29, 2014 recommends non-certification of physical therapy for the right shoulder. A progress report dated February 7, 2014 indicates that the patient is now 7 weeks out from his right shoulder biceps tenotomy and decompression and debridement. He is doing well but still has some pain and notices numbness and tingling emanating from his anterior arm. A physical examination finding revealed restricted shoulder range of motion with 120 of forward elevation and external rotation to 30. The treatment plan recommends continuing physical therapy 2 times a week for 6 weeks for progressive strengthening and range of motion. A progress report dated March 26, 2014 indicates that the patient has finished his 1st round of physical therapy and has 8 more sessions that were just authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 Times A Week for 6 Weeks for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 24-30 visits of post-surgical therapy for the treatment of rotator cuff syndrome. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with most recent therapy sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with additional formal supervised therapy. Furthermore, it is unclear how many sessions have already been provided, making it impossible to determine if the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.