

Case Number:	CM14-0159871		
Date Assigned:	10/03/2014	Date of Injury:	05/13/2010
Decision Date:	11/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Surgery 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 70 year old male patient had a date of injury on 5/13/2010. The mechanism of injury was not noted. In a progress note dated 8/25/2014, the patient complains of right shoulder pain. His quality of sleep is fair, and he denies any new injury since last visit. Physical therapy has been very helpful in improving ROM, strengthening, and pain level reduction. On a physical exam dated 8/25/2014, right shoulder reveals no swelling, deformity, joint asymmetry, or atrophy. Movements are restricted with flexion limited to 170 degrees, abduction limited to 170 degrees. Hawkins test and Neer test is positive. The diagnostic impression shows right shoulder pain. Treatment to date: medication therapy, behavioral modification, right shoulder arthroscopy. A UR decision dated 9/24/2014 denied the request for additional post-operative physical therapy 2x4 for the right shoulder and upper arm, stating the patient had 2 remaining physical therapy visits from authorization to total 24, and there is no rationale documented why this patient cannot complete independent home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative physical therapy 2 times 6 for the right shoulder and upper arm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 sessions over 10 weeks for postsurgical arthroscopic treatment of shoulder. However, in a progress note dated 8/13/2014, the patient has been noted to have completed 20 sessions of physical therapy, and no clear rationale was provided regarding what additional benefit an additional 12 sessions, which would exceed the total amount of recommended sessions of 24, would provide. Furthermore, in an 8/25/2014 progress report, the patient claims he is independent with his ADLs and home chores, and continues to work full time as traveling salesman. It is unclear why this patient could not fully transition into a home exercise program. Therefore, the request Additional Post-operative physical therapy 2 times 6 for the right shoulder and upper arm is not medically necessary.