

Case Number:	CM14-0165118		
Date Assigned:	10/10/2014	Date of Injury:	07/13/2000
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 48-year-old male patient who sustained a remote industrial injury on 07/13/2000. Diagnosis was listed as persistent right shoulder syndrome status post arthroscopic debridement with subacromial decompression in a patient with known glenohumeral osteoarthritis. Previous treatment has included physical therapy, medications, and surgery. On 09/09/14 the patient presented with complaints of right shoulder symptoms. He also reported increased symptoms in his neck and head and reported having pain that shoots between the shoulder and the head and neck region. He has had physical therapy. He wants to complete physical therapy closer to home. Objective findings demonstrated irritability, especially in the position of forward flexion and abduction, which has known to irritate his glenohumeral osteoarthritis. He has some cuff weakness and drop arm testing. There is no gross instability. There is some tenderness to palpation in the trapezial region. It was recommended the patient continue working on range of motion and strength. A request for physical therapy for the shoulder quantity 12 was non-certified a utilization review on 09/24/14 with the reviewing physician noting he had a right shoulder arthroscopy on 10/28/13 and had completed approximately 18 visits of physical therapy with an additional 6 sessions authorized in May. It was noted that guidelines regarding therapy for rotator cuff syndrome/impingement syndrome postsurgical, arthroscopic recommend 24 visits over 14 weeks and in cases where no functional improvement is demonstrated postsurgical treatment should be discontinued at any time during the postsurgical physical medicine period. It was unclear in this case if the patient had completed the additional 6 postop physical therapy sessions that were certified on 05/29/14 and there is no documentation of total number of sessions attended. There is no documentation of a detailed rationale to support exceeding guidelines and recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR SHOULDER QTY. 12: 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): 98-99.

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic and physical therapy has been performed in the past. Records indicate the patient is status post right shoulder arthroscopy on 10/28/13 and completed approximately 18 postoperative physical therapy sessions. An additional 6 sessions were authorized in May. In September it was noted the patient was continuing to participate in physical therapy. The exact number of sessions previously completed it is not documented. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised physical therapy rather than continuing with a fully independent home exercise program. Additionally, the frequency/duration of the requested therapy sessions is not specified in the request. The requested physical therapy for shoulder QTY 12 is not medically necessary and is non-certified.