

Case Number:	CM14-0170150		
Date Assigned:	10/20/2014	Date of Injury:	03/13/2011
Decision Date:	11/20/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Interventional Spine 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:

The patient is a 48 years old male with an injury date on 03/03/2011. Based on the 09/02/2014 handwritten progress report provided by [REDACTED], the diagnosis is: 1. S/P right shoulder - 3.5 month. According to this report, the patient complains of right shoulder pain; status post 3.5 month. Tender to palpation is noted over the AC joint. Shoulder flexion is 150 degrees with pain and extension is 40 degrees. Pain is rated as a 6/10. Lifting, pushing, pulling, and gripping would aggravate the pain. The 08/21/2014 report indicates the patient have "severe pain right shoulder" with weakness and restricted range of motion. The 07/29/2014 report indicates "He has completed 24 sessions of physical therapy. He stretches and exercises at home." There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/17/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks (12 sessions total) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient is 3.5 month status post right shoulder arthroscopy, SAD and RCR with continued right shoulder pain. The provider is requesting 12 sessions of physical therapy for the right shoulder. Regarding post-op shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks with time frame for treatment is 6 months. Review of reports from 04/17/2014 to 09/02/2014 shows that the patient "has completed 24 sessions of physical therapy. He stretches and exercises at home." However, there are no discussions regarding what is to be achieved with additional therapy nor the patient's progress from prior therapy. No discussion is provided as to why the patient is not able to continue to perform the home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. Given that the patient has had 24 sessions, the requested 12 additional sessions exceed what is allowed per MTUS. Therefore, physical therapy three times a week for four weeks is not medically necessary and appropriate.