

Case Number:	CM14-0175610		
Date Assigned:	10/28/2014	Date of Injury:	11/07/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Virginia & Texas. 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 injured worker is a 60-year-old male who reported an injury on 11/07/2013, due to lifting heavy baggage and placing it on a cart; he felt pain in his right shoulder. Physical examination dated 05/21/2014 revealed that the injured worker is status post right shoulder arthroscopy on 04/10/2014. It was reported that the injured worker completed 6/12 sessions of physical therapy, which he reported had caused pain. There were complaints of an increase of pain and soreness from the therapy, and he also reported pain when turning to lift his right arm. Shoulder range of motion for flexion was to 120 degrees; abduction was to 120 degrees, external rotation was to 60 degrees, internal rotation was to 50 degrees. It was also reported that the injured worker had positive grimacing, guarding, and end range pain with active motion of the right shoulder. Diagnosis was status post right shoulder arthroscopic decompression, biceps tenodesis, postoperative right shoulder stiffness, nonindustrial lymphoma, by history. Treatment plan was to continue physical therapy 2 times a week for 6 weeks, range of motion as tolerated. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for physical therapy 2 times a week for 4 weeks is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the efficacy of the physical therapy. The examination dated 05/21/2014 stated that the injured worker had completed 6 out of the 12 physical therapy sessions. There was no examination at the end of the physical therapy sessions reported. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status after completion of the physical therapy sessions. Furthermore, the injured worker is expected to have transitioned to a home exercise program. Reasons why a home exercise program could not be continued for further gains were not reported. Therefore, this request is not medically necessary.