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| Case Number: | CM14-0179670 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 06/13/2012 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 Surgeon and is licensed to practice in Pennsylvania. 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 59-year-old female who reported injuries due to cumulative trauma on 06/13/2012. On 09/12/2014, her complaints included pain with range of motion to her left shoulder rated 9/10. It was noted that she had completed 25 sessions of physical therapy between 06/16/2014 and 10/06/2014 and reported that she felt that it had not helped very much. Her left shoulder flexion and abduction were at 170 degrees with pain. 2 x-rays of the left shoulder were normal. She underwent a left shoulder arthroscopy and synovectomy with minor open rotator cuff repair on 05/28/2014. She is currently past the 6 month Postsurgical Guidelines treatment period. The rationale for the requested additional sessions of physical therapy were for strengthening and to help reduce pain. A Request for Authorization dated 09/15/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 4: 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 request for Additional physical therapy 3 x 4 is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. The recommended schedule for myalgia and myositis (unspecified) is 9 to 10 visits over 8 weeks. This injured worker had already completed 25 documented sessions of physical therapy and felt that it had not been very effective. The additional 12 sessions of physical therapy exceed the recommendations in the guidelines. There was no indication that she was participating in a home exercise program. Additionally, the body part or parts that have been treated were not specific in the request. Therefore, this request for Additional physical therapy 3 x 4 is not medically necessary.