

Case Number:	CM14-0181659		
Date Assigned:	11/06/2014	Date of Injury:	05/26/2010
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 72-year-old male with a 5/26/10 date of injury. According to a progress report dated 9/10/14, the patient was status post right shoulder rotator cuff repair, performed on 2/10/14. He stated that his cervical spine pain was constant and slightly worsening, rated as a 7/10. He rated his lower back pain as a 7/10, left wrist pain at a 5/10, and his right shoulder pain at a 7/10. However, he noted that his shoulder pain was improving with physical therapy. He indicated that he had much more increased range of motion and was able to do more activities of daily living. He had 2 sessions of physical therapy remaining for the right shoulder. Objective findings: tenderness to palpation of cervical spine with full range of motion, increased range of motion and increased strength of right shoulder, slightly decreased range of motion of left wrist, tenderness to palpation of left shoulder and lumbar spine. Diagnostic impression: status post right shoulder rotator cuff repair. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 10/23/14 modified the request for physical therapy from 8 sessions to 6 sessions. The case manager's note revealed that the patient has had 24 post-op physical therapy sessions to the right shoulder, but the neck is not part of this injury. The patient has improved, but continued to have limitations with range of motion and strength. An additional six sessions is considered medically necessary to improve patient's range, strength, and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 Cervical Spine and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, according to the UR decision dated 10/23/14, this patient has already completed 24 sessions of post-operative physical therapy for the right shoulder. Guidelines support up to 24 visits over 14 weeks, with a postsurgical physical medicine treatment period of 6 months. An additional 8 sessions would exceed guideline recommendations. In addition, the patient's surgery was in February 2014, and the postsurgical treatment period has ended. It is unclear why this patient has not been able to transition to an independent home exercise program at this time. In addition, it is unclear if this patient has had previous physical therapy treatment for the cervical spine. Guidelines support up to 6 sessions for an initial trial, and the requested treatment exceeds guideline recommendations. Therefore, the request for Physical Therapy 2x4 Cervical Spine and Right Shoulder is not medically necessary.