

Case Number:	CM14-0022020		
Date Assigned:	05/09/2014	Date of Injury:	03/27/2013
Decision Date:	08/06/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Maryland. 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 year old male with an industrial injury to the right shoulder on March 27, 2013. He is status post right shoulder arthroscopy on July 19, 2013. Under consideration is a request for physical therapy 2 time a week for 6 weeks for the right shoulder. There is a 9/9/13 progress report that states that clinically, he is doing well. He has two sessions of therapy remaining. He continues to have weakness and occasional pain involving his right shoulder; however overall progress. The physical exam findings of the right shoulder show well-healed arthroscopic portals and forward flexion and abduction of 150 degrees and internal rotation to iliac crest with manual muscle testing 4-/5 in all planes. The treatment plan includes additional therapy twice a week for six weeks. The provider states that he continues to have pain, weakness, loss of motion, functional deficits and has made good progress with the therapy thus far. Per the documentation a 12/02/13 document states that the patient continues to have deficits in range of motion as well as strength and functional deficits. There is difficulty with activities of daily living. There is weakness and occasional pain. Previously, the patient was improving and making slow and steady progress with physical therapy. The patient had a lapse in physical therapy and has had regression since then. The claimant's range of motion has decreased and pain symptoms have increased. The claimant is no longer making improvements. On examination of the right shoulder, range of motion as to flexion is 140 degrees; abduction is 140 degrees as well as internal rotation to the sacroiliac joint. There is 4/5 weakness. There is a 2/24/14 progress note that states that the patient notes that he continues to have some difficulty with strength. He reports that he has good use of the shoulder, but overall is continuing to have difficulty with overhead activities. He reports that he would like to just able to continue on strength at this time as he feels that this will be able to bring him back to full duty. The physical exam findings of the right shoulder show well-healed arthroscopic portals, forward flexion to 150, abduction of 160

with pain, internal rotation to the left side, manual muscle testing is 5/5. Per the documentation a physical therapy discharge report dated 12/03/13 states that the claimant has not been seen in more than 30 days and is being administratively discharged. Per the documentation the claimant has had 36 physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6, RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy, 2 times a week for 6 weeks for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and MTUS Post Surgical Guidelines. The documentation indicates that the patient has exceeded the postsurgical treatment recommended number of therapy visits. Furthermore he is out of the post surgical physical therapy time frame. The Chronic Pain Medical Treatment Guidelines recommend a fading of frequency to an active self directed home program. The most recent documentation does not indicate that the patient has strength deficits. The patient should be active and well versed in a self directed home exercise program. There are no extenuating circumstances as to why the patient needs a formal physical therapy program. The request for physical therapy, 2 times a week for 6 weeks for the right shoulder is not medically necessary.