

Case Number:	CM14-0025875		
Date Assigned:	06/13/2014	Date of Injury:	03/09/2011
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation 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 injured worker is a 48-year-old male with a reported date of injury on 03/09/2011. The mechanism of injury was not submitted within the medical records. His previous treatments were noted to include physical therapy, lumbar epidural injections, surgery, and medications. His diagnoses were noted to include right shoulder acromioclavicular joint derangement. The physical therapy note, dated 12/09/2013, reported the injured worker's shoulder range of motion left/right flexion was to 155/96 degrees, left/right abduction was to 182/90 degrees, left/right external rotation was to 88/67 degrees, left/right internal rotation was to 80/50 degrees. The progress note, dated 04/28/2014, reported the injured worker complained of right shoulder pain. The physical examination revealed he elevated to about 140 degrees, abducted to 80 degrees, externally rotated to 50 degrees, and internally rotated to his lower thoracic spine. The injured worker was able to cross body adduct to about 60 degrees without wincing and his strength had improved nicely. The progress note from physical therapy, dated 04/23/2014, reported the injured worker had completed a total of 8 sessions and his active range of motion to the right shoulder was flexion 145 degrees to pain, abduction 143 degrees to pain, hand behind back to T3 and hand behind head to T2, and motor strength was to the right biceps/triceps, internal rotation was 5/5, and external rotation deltoid and supraspinatus are 4/5. The physical therapist also reported the injured worker was able to sleep through the night without pain; however, was not able to perform repetitive movements without pain, such as cooking/mixing or washing a car, and unable to lift more than 10 pounds without pain, and unable to lift groceries with the right upper extremity without pain. The physical therapist reported the injured worker demonstrated some improvement in right shoulder strength and mobility, but still complained of pain in the right shoulder and elbow with some activities of daily living. The request for authorization form

was not submitted within the medical records. The request was for physical therapy 3 times a week for 6 weeks to the right shoulder so that he will be able to return to work on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK FOR SIX WEEKS TO THE RIGHT SHOULDER: 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 physical therapy 3 times per week for 6 weeks to the right shoulder is not medically necessary. The injured worker has received a previous 8 sessions of physical therapy to the right shoulder. The California Chronic Pain Medical Treatment Guidelines recommend active therapy is based on the philosophy that therapeutic 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed to and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous physical therapy of the right shoulder of 8 sessions and the current request for 12 sessions of physical therapy exceeds guideline recommendations. There are current measurable objective functional deficits regarding range of motion and motor strength. However, there is lack of documentation regarding quantifiable objective functional improvement with range of motion and motor strength from previous physical therapy sessions and additionally there is a lack of documentation regarding exceptional factors to warrant additional physical therapy sessions. Therefore, the request is not medically necessary and appropriate.