

Case Number:	CM14-0026504		
Date Assigned:	06/13/2014	Date of Injury:	09/07/2001
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 56-year-old male with a 9/7/01 date of injury, status post total left shoulder arthroplasty in April 2013, and status post right shoulder rotator cuff repair in October 2013. At the time of request on 2/6/14 for authorization for 12 physical therapy sessions there is documentation of subjective bilateral shoulder pain with weakness and objective left shoulder mild atrophy of the deltoid, crepitation at the glenohumeral joint, and bilateral shoulder decreased range of motion with decreased strength on abduction, flexion and external rotation findings. Current diagnoses consist of bilateral shoulder pain, left shoulder joint replacement, and right shoulder complete rotator cuff tear, and treatment to date completion of post-operative physical therapy to the left shoulder for an unknown amount. In addition, medical report plan identifies a request to restart physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprained shoulder not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, left shoulder joint replacement, and right shoulder complete rotator cuff tear. In addition, there is documentation of completion of postoperative physical therapy sessions to the left shoulder with a plan identifying to restart physical therapy to the left shoulder. However, the proposed number of physical therapy sessions exceeds guidelines (for reinitiating a trial). Therefore, based on guidelines and a review of the evidence, the request for 12 physical therapy sessions is not medically necessary.