

Case Number:	CM14-0033290		
Date Assigned:	06/20/2014	Date of Injury:	01/12/2011
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Management 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 male patient with a date of injury of January 12, 2011. A utilization review determination dated March 3, 2014 recommends non-certification of bilateral shoulder physical therapy for two visits per week for six weeks. A progress note dated February 20, 2014 contains illegible documentation. A magnetic resonance imaging (MRI) done on February 6, 2014 of the left shoulder identifies a full thickness supraspinatus tear, moderate articular surface partial tearing of the superior lateral aspect of the subscapularis tendon, mild atrophy of the superior aspect of the subscapularis muscle, moderate thinning, flattening, and medial subluxation of the biceps tendon from the bicipital groove, superior labral tear, arthrosis of the acromioclavicular joint with advanced cartilage loss and minimal spurring. On August 16, 2013 the patient underwent repair of right shoulder rotator cuff tear, right distal clavicular resection, right subacromial decompression with acromioplasty, and right coracoacromial ligament resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times six for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for bilateral shoulder physical therapy for 2 times per week for 6 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. For the specific diagnosis of rotator cuff tear, the guidelines recommend conservative interventional treatment. Post-surgical recommendations according to California MTUS, notes that an initial course of therapy consisting of half of the recommended sessions may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Physical therapy recommendations for rotator cuff syndrome/impingement syndrome for medical treatment is for 10 visits over 8 weeks and 30 visits over 18 weeks for postoperative therapy following an open surgery. Within the documentation available for review, there is indication that the patient has completed an unspecified number of post-operative physical therapy sessions for the right shoulder following open approach surgical repair of a rotator cuff tear, but it is unclear if the patient has tried physical therapy for the left shoulder. There is also no specific documentation indicating any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for bilateral shoulder physical therapy for two times per week for six weeks is not medically necessary.