

Case Number:	CM14-0035299		
Date Assigned:	06/23/2014	Date of Injury:	04/19/2009
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 & 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 the date of injury of April 19, 2009. A Utilization Review was performed on February 26, 2014 and recommended non-certification of Physical Therapy (Right shoulder) 2x week x 6 weeks (12 total). It was also noted that the patient underwent 24 postoperative PT sessions. A Progress Report dated February 5, 2014 identifies Chief Complaint of right shoulder pain. Physical Examination identifies he elevates to about 100 degrees, abducts sitting to about 80 degrees, externally rotates to 40 degrees, and internal rotates to his SI joint. He extends to 45 degrees. He is strong in external rotation. He cannot do a normal belly press. He can do a liftoff. Plan identifies an additional six weeks to try and increase motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Right Shoulder) 2x week x 6 weeks (12) total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Page(s): 10-12, 27.

Decision rationale: California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed.

Within the documentation available for review, there is documentation of 24 PT sessions completed. There is still remaining range of motion (ROM) deficits. However, there is no indication that prior sessions provided functional improvement. In addition, the additional sessions will exceed the number recommended by guidelines, with no documentation of an intervening injury, complication, or extenuating circumstances. In light of such issues, the currently requested Physical Therapy (Right Shoulder) 2x week x 6 weeks (12) total is not medically necessary.