

Case Number:	CM14-0038512		
Date Assigned:	06/27/2014	Date of Injury:	08/22/2007
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 patient of the date of injury of August 22, 2007. A utilization review determination recommends non-certification of therapy for the left shoulder 2 times per week for 6 weeks. Non-certification was recommended due to a lack of clarity regarding the number of sessions provided previously as well as lack of documentation of objective functional response from the prior sessions. A utilization review determination dated May 14, 2014 recommends 6 visits of physical therapy for the left shoulder. A progress report dated April 28, 2014 indicates that the patient is currently scheduling physical therapy for the left shoulder. She continues to have a bit of discomfort but feels that the motion has come along tremendously. She has not been able to regain strength yet but is doing some exercise at home. The physical examination identifies near full passive range of motion with active range of motion to 130. The patient also has some breakaway weakness within the supraspinatus. The diagnosis is status post left shoulder manipulation, arthroscopy, debridement, and revision of acromioplasty with distal clavicle excision with improving symptoms. The treatment plan recommends new therapy at the patient has undergone for visits of the newly authorized therapy and is demonstrating functional improvement as far as range of motion is concerned. The treatment plan recommends 6 more visits of physical therapy. A note dated February 24, 2014 indicates that the patient continues to progress with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational and physical therapy two (2) times weekly for six (6) weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for additional physical therapy, the 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. The ODG has more specific criteria for the ongoing use of physical therapy. The 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. The ODG recommends a maximum of 24 therapy sessions following an arthroscopic procedure and 30 sessions following an open procedure. Within the documentation available for review, it is unclear how many therapy sessions the patient has undergone thus far. It appears the patient was recently authorized 6 additional therapy sessions, while was obtaining therapy in February 2014 as well. There is some subjective documentation of improvement with the most recently provided therapy. However, objective documentation of improvement is less clear. Additionally, the most recent progress report recommends 6 additional therapy sessions, whereas this request is for 12 additional therapy sessions. It is unclear whether an additional 12 sessions would exceed the maximum number recommended by guidelines due to the lack of clarity regarding a number of previously provided physical therapy sessions. In the absence of clarity regarding the above issues, the current request for additional physical therapy is not medically necessary.