

Case Number:	CM14-0038915		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2013
Decision Date:	07/29/2014	UR Denial Date:	03/28/2014
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 and is licensed to practice in Alaska. 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 patient is a 25 year old male who was injured on 02/09/2013. The mechanism of injury is unknown. Prior treatment history included 12/12 sessions of physical therapy which provided him with relief of symptoms. Interim report dated 03/19/2014 states the patient complains of worsening right shoulder symptoms. He reports loss of motion, weakness and difficulties with activities. On exam, he has decreased range of motion. The right shoulder reveals flexion to 120 degrees; abduction to 120 degrees. He has weakness in flexion, abduction, internal and external rotation. The patient has progressive right shoulder rotator cuff pathology. He is recommended physical therapy to improve range of motion. Prior utilization review dated 03/31/2014 states the request for Physical Therapy sessions # 12 is not authorized and has been modified to 6 sessions of physical therapy as the patient is having flare up in his shoulder symptoms and to allow him to return to baseline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy sessions # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder; Physical therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy of Shoulder guidelines, current online as of 7/2014.

Decision rationale: The above ODG guidelines state that for shoulder physical therapy, guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Rotator cuff syndrome/Impingement syndrome: medical treatment: 10 visits over 8 weeks." The above ACOEM guidelines state that for exercises, "Home program frequency 2 to 3 times a day for shoulder disorders. Supervised treatment frequency and duration dependent on symptom severity and acuity and comorbid conditions. In severe disorders, possibly 3 appointments a week for 2 to 3 weeks, generally tapering to twice weekly for 2 to 3 weeks, then weekly for an additional 4 weeks." Shoulder PT has been authorized for 6 sessions and 12 sessions on 7/18/13 and 10/23/13, respectively. Being that the patient has undergone up to 18 sessions of therapy, he can undergo home exercise program. He may need a short course of therapy for adjustment of home therapy program. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for 12 PT sessions is modified for 6 PT sessions certified, the remaining 6 PT sessions are not medically necessary.