

Case Number:	CM14-0041242		
Date Assigned:	06/30/2014	Date of Injury:	03/14/2008
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 with a date of injury of March 14, 2008. A utilization review determination dated March 14, 2014 recommends modified certification of physical therapy 2 times a week for 4 weeks for both shoulders. 2 visits of physical therapy were recommended for certification to instruct the patient in an independent program of home exercise. Modified certification was recommended as the patient has already had 18 sessions of physical therapy to date. A report dated April 2, 2014 indicates that the patient complains of bilateral shoulder pain left worse than right. The patient's pain is rated as 8/10 on the visual analog scale. Physical examination identifies restricted left shoulder range of motion in all directions with positive impingement signs. Neurologic examination was normal. Diagnoses include left shoulder internal derangement, left shoulder surgery, left shoulder impingement, left shoulder pain, right shoulder internal derangement, right shoulder surgery, and right shoulder pain. The treatment plan request an expedited appeal of bilateral shoulder physical therapy to augment the patient's treatment and further progress and decreased the patient's pain. The note goes on to indicate that the patient is continuing a home exercise program. The note indicates that the patient had surgery in 2013. A progress report dated April 30, 2014 indicates that the patient continues to perform a home exercise program and has not had any physical therapy to his right shoulder since 2007 which increased his strength and range of motion with 50% and decrease in pain. The patient has not had any physical therapy to his right shoulder after his surgery in 2013. The patient has completed 18 sessions of physical therapy to the left shoulder and should be able to have 24 sessions for the claim. The physical examination provided with that progress report has no physical examination findings related to the patient's right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS BILATERAL

SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12 and 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy for bilateral shoulders, California Medical Treatment Utilization Schedule (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 18 physical therapy sessions completed for the left shoulder. The requesting physician has indicated that the patient has not undergone any physical therapy for the right shoulder. The documentation provided does not identify any objective functional improvement obtained from the 18 therapy sessions directed towards the left shoulder thus far. Additionally, there is no statement indicating why any remaining treatment goals would be unable to be addressed with an independent program of home exercise. With regards to the right shoulder, the requesting physician has indicated that the patient has not undergone any physical therapy for that area since 2007. Unfortunately, the progress reports provided do not include any physical examination of the right shoulder. Therefore, no objective functional deficits or objective treatment goals have been identified with regards to the patient's right shoulder. As such, the currently requested physical therapy 2 times a week for 4 weeks for both shoulders is not medically necessary.