

Case Number:	CM14-0041534		
Date Assigned:	06/30/2014	Date of Injury:	11/01/2011
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 11/1/11. The diagnoses include lumbar spondylosis, brachial neuritis, lumbar radiculitis, and lumbar intervertebral disc disease. 11/01/11. The patient underwent left shoulder rotator cuff repair in October of 2012 and right shoulder rotator cuff repair in February 2013. Under consideration is a request for physical therapy visits times 12 to the bilateral shoulders. There is an office visit dated 6/5/14 that states that with regard to the shoulder, the patient has been permanent and stationary by the AME. Physical exam findings of the patient's bilateral shoulders show she has forward flexion and abduction to 170, internal rotation to L3 and manual muscle testing is 5/5. The treatment plan was to continue with physical therapy after stabilization. A 4/24/14 document states that the patient presents to the clinic today for an orthopedic re-evaluation of bilateral shoulders and for evaluation of her right knee. The patient is status post rotator cuff repair of bilateral shoulders, to the left shoulder was in October 2012 and to the right shoulder in February 2013. Overall, the patient is doing well. She continues to make progress. She is doing self-directed stretching and strengthening exercises and has been working with weight to improve her strength. Physical exam findings of the patient's bilateral shoulders show that she has forward flexion and abduction to 170 degrees, internal rotation to L3 and manual muscle testing is 5/5 in all planes. The treatment plan is that she continues with her self directed stretching and strengthening exercises. On 11/19/13, Peer Review certified six physical therapy sessions for the purpose of reeducation in a home exercise program. On 02/11/14, Peer Review non-certified additional physical therapy for the shoulders and recommended the patient continue in a home program,

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits times 12 to the Bilateral Shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p. 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Physical Therapy Visits times 12 to the Bilateral Shoulders is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the Postsurgical treatment guidelines. The patient is beyond the postoperative period. She is versed in a home exercise program. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. It is not clear what the outcome of her prior therapy was or how many visits of therapy she had. The current documentation indicates that she has minimal deficits and independent in a home exercise program. There are no extenuating factors that would require 12 supervised physical therapy visits. Therefore, the request for Physical Therapy Visits times 12 to the Bilateral Shoulders is not medically necessary.