

Case Number:	CM14-0049480		
Date Assigned:	07/07/2014	Date of Injury:	02/29/2012
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 51-year-old female with a 2/29/12 date of injury and status post right shoulder arthroscopy with rotator cuff repair on 6/28/13. At the time (3/4/14) of request for authorization for physical therapy 2 x 6 right shoulder, cervical spine, there is documentation of subjective (bilateral shoulder pain with difficulty performing repetitive overhead movements with the right shoulder) and objective (decreased right shoulder range of motion with 4 out 5 strength in all planes; and cervical paraspinal muscle tenderness with painful range of motion) findings, current diagnoses (industrial injury to the cervical spine and right shoulder and status post right shoulder arthroscopy with arthroscopic rotator cuff repair on 6/28/13), and treatment to date (44 physical therapy sessions to the right shoulder and cervical spine with excellent benefit and steady progress). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 right shoulder, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Shoulder Procedure Summary, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back; Shoulder.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain, which is not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, and with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of; sprains and strains of neck not to exceed 10 visits over 8 weeks, and rotator cuff syndrome post-surgical treatment, arthroscopic not to exceed 24 visits over 14 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy), and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of industrial injury to the cervical spine and right shoulder and status post right shoulder arthroscopy with arthroscopic rotator cuff repair on 6/28/13. In addition, there is documentation of previous physical therapy. However, given documentation of 44 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of excellent benefit and steady progress with physical therapy, there is no clear documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 x 6 right shoulder, cervical spine is not medically necessary.