

Case Number:	CM14-0049739		
Date Assigned:	07/07/2014	Date of Injury:	06/17/2010
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
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 Anesthesiology, 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:

According to the records made available for review, this is a 58-year-old with a June 17, 2010 date of injury and status post right shoulder arthroscopy October 12, 2013. At the time of the request for authorization for additional physical therapy, twice weekly for 4 weeks, right shoulder (on January 26, 2014), there is documentation of subjective (doing well) and objective (abduction 0-150, forward flexion 0-155, external rotation with arm by side to 25, strength supraspinatus 4+-5/5) findings, current diagnoses (status post right shoulder arthroscopy with rotator cuff repair), and treatment to date (physical therapy). The number of previous physical therapy sessions cannot be determined. In addition, there is no 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 with previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder, twice weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic/ Physical Therapy).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The Postsurgical Treatment Guidelines identifies up to twenty-four visits of post-operative physical therapy over fourteen weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, the Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. The 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. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy with rotator cuff repair. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of sessions completed to date. In addition, there is no 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 with previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy for the right shoulder, twice weekly for four weeks, is not medically necessary or appropriate.