

Case Number:	CM14-0056428		
Date Assigned:	07/09/2014	Date of Injury:	10/24/2011
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 37-year-old employee with date of injury of 10/24/2011. Medical records indicate the patient is undergoing treatment for left shoulder rotator cuff tear, C1 impingement syndrome; acromioclavicular joint arthritis, and pain. He is status post arthroscopic debridement of the labrum and rotator cuff, subacromial decompression, distal clavicle arthroplasty and rotator cuff repair of the left shoulder on 10/1/2013. Subjective complaints include mild to moderate pain of the shoulder with range of motion (ROM) especially with overhead activities. Objective findings include no erythema, ecchymoses, palpable crepitus or warmth to the left shoulder. There is no soft tissue swelling and compartments are soft. Active ROM is full. He has mild tenderness to palpation on anterior shoulder and biceps tendon. Yergson's is negative. Treatment has consisted of PT, squeeze ball, and Home Exercise Program. Medications include Naproxen, Norco, Electric Stimulation Therapy, Infrared therapy, and heat/ice. The Utilization Review determination was rendered on 3/27/2014 recommending that Physical therapy 2x4 left shoulder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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); (When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient has had 24 physical therapy sessions previously. The treating physician has not detailed why additional sessions are needed at this time and why a Home Exercise Program is not sufficient. The treating physician has not provided medical documentation that meets MTUS guidelines to certify additional physical therapy sessions at this time. As such, the request for Physical Therapy 2x4Left Shoulder is not medically necessary at this time.