

Case Number:	CM14-0057051		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2013
Decision Date:	09/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This is a 52-year-old male patient who reported an industrial injury to the neck and right shoulder on May 13, 2013, 16 months ago, attributed to the performance of his customary job tasks. The patient has received conservative treatment directed to the neck and shoulder including chiropractic care and physical therapy. The patient was noted to have received 12 prior sessions of PT directed to the right shoulder. The patient complained of right shoulder pain. The objective findings on examination included full range of motion of the cervical spine, full range of motion of the bilateral extremities, positive O'Brien's test on the right side, with tenderness over the long head of the biceps. The MRI of the right shoulder demonstrated a SLAP tear with no evidence of a rotator cuff tear. The patient was prescribed 2x6 sessions of PT directed to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for six 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6

page 114; Chapter 9 page 203-04 Official Disability Guidelines (ODG) Shoulder section---
physical therapy; exercises.

Decision rationale: The patient has received twelve sessions to date on this industrial claim with noted improvement, whereas, the California Medical Treatment Utilization Section (CA MTUS) recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the DOI (date of injury). There is no medical necessity demonstrated for an additional 2x6 sessions of PT for the cited diagnoses. The patient is noted to have FROM to the right shoulder and cervical spine without weakness. The requesting provider has provided no objective evidence to support the medical necessity of additional sessions of PT (physical therapy) as opposed to a self-directed home exercise program for the strengthening and conditioning of the right shoulder. The patient is noted to be able to participate in HEP (home exercise plan). The patient has been provided with 12 sessions of PT and the request for additional sessions of PT has significantly exceeded the number recommended by the CA MTUS for the treatment of the stated diagnoses. The patient has been documented with improvement of strength and range of motion to the right shoulder. The additional strengthening prescribed can be accomplished in HEP as recommended. There are no diagnoses that could not be addressed with a HEP. The CA MTUS recommends up to ten sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. There is no subjective/objective evidence provided to support the medical necessity of the additional sessions of PT over the recommended self-directed home exercise program once the total number of sessions recommended by the CA MTUS has been completed. The documented objective findings are consistent with the level where the patient is able to use the exercises learned in PT and apply them in a home exercise program. Therefore, the request for additional physical therapy, twice weekly for six weeks, is not medically necessary or appropriate.