

Case Number:	CM14-0057698		
Date Assigned:	07/09/2014	Date of Injury:	01/24/2013
Decision Date:	08/11/2014	UR Denial Date:	04/04/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male who reported an injury on 01/24/2013 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, surgery, MRI, medications, and electrocardiogram. It was noted on 11/08/2013 that the injured worker had undergone an arthroscopy of the right shoulder. The injured worker was evaluated on 02/10/2014, when it was documented that the injured worker had difficulty with overhead activity, forceful pushing and pulling. It was noted that the injured worker was making slow and steady progress with physical therapy; however, had weakness of his right shoulder. The physical examination of the right shoulder revealed tenderness to palpation over the bicipital area and subacromial bursal space. The range of motion forward flexion and abduction was 160 degrees. It was noted internal rotation S1 joint, manual muscle testing was 4/5 in all planes. The diagnoses included right shoulder arthroscopy. It is noted that the injured worker was to continue with icing, anti-inflammatories, and self-directed stretching and strengthening exercises. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy for the Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines-Acute & Chronic Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: MTUS Guidelines support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. Postsurgical physical medicine guidelines support 24 visits over 14 weeks, no more than 6 months period for right shoulder surgery. The diagnoses included right shoulder arthroscopy. The documents submitted indicated the injured worker had physical therapy, however, the documents provided indicated the injured worker was making slow and steady progress but there were no documents submitted on the outcome measurements from the physical sessions. The documents indicated the injured worker was to continue with icing, anti-inflammatories and self-directed strengthen and stretching but there was lack of evidence indicating the injured worker's long-term functional improvement goals. Furthermore, the documents provided did not indicate the number of physical therapy sessions the injured worker has already completed. The request lacked frequency and location of the body the injured worker needs physical therapy. Given the above, the request is not medically necessary.