

Case Number:	CM14-0058181		
Date Assigned:	07/09/2014	Date of Injury:	12/17/2013
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The 59 year old male patient reported an industrial injury on 12/17/2013, eight (8) months ago, to the right shoulder attributed to the performance of his job tasks reported as pulling down the door to the back of the truck and perceiving a snap to the right shoulder. The patient was diagnosed with a long head of the biceps tear. The patient was provided six (6) sessions of physical therapy (PT) and the patient was subsequently authorized another six of the requested 3x6 sessions of PT directed to the right shoulder for a total of 12 sessions of PT for rehabilitation of the shoulder without surgical intervention. The diagnosis was proximal right biceps rupture, impingement syndrome, and a possible RTC tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. 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), 2nd Edition, (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 6 sessions to date on this industrial claim with noted improvement, whereas the MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the date of injury (DOI). The patient was authorized another six sessions for a total of 12 sessions of PT. There is no medical necessity demonstrated for an additional 3x6 sessions of PT for the cited diagnoses. The requesting provider has provided no objective evidence to support the medical necessity of additional sessions of occupational therapy or physical therapy (OT/PT) 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 home exercise program (HEP). 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 HEP. The MTUS recommends up to ten (10) 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 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. Such as, Physical therapy to the right shoulder, 3 times a week for 6 weeks is not medically necessary.