

Case Number:	CM14-0059481		
Date Assigned:	07/09/2014	Date of Injury:	09/08/2010
Decision Date:	09/09/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of September 8, 2010. A utilization review determination dated April 2, 2014 recommends non-certification of 8 additional physical therapy sessions for the right shoulder. Non-certification was recommended since the patient has already undergone 24 physical therapy visits, and additional visits would exceed guideline recommendations. A handwritten note from the patient indicates that the patient continues to experience pain in her shoulder and does not have normal movement in her right arm when she puts her right arm behind her back. She also states that she cannot raise her right arm up behind her back. A progress report dated May 27, 2014 identifies subjective complaints including pain in the deep anterior lateral deltoid with continued improvement. The patient states that she is 85% improved. Physical examination identifies nearly normal range of motion with 5/5 strength in the right shoulder. Diagnoses include more than 6 months status post right shoulder arthroscopy, subacromial decompression, and repair of supraspinatus. The treatment plan indicates that the patient has some residual stiffness with internal rotation but with strength testing she is strong and symmetric. The treatment plan recommends continuing with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) x 8 visits Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 24 postsurgical therapy visits for the treatment of rotator cuff disorders. Within the documentation available for review, it appears the patient has already undergone 24 physical therapy sessions. There is no statement indicating whether there was any intervening injury or other complication for which additional therapy, beyond what is generally recommended by guidelines, would be necessary. Additionally, it appears that the patient's physical examination findings are nearly normal. Finally, there is no statement indicating why any remaining objective functional deficits would be unable to be addressed with an independent program of home exercise. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.