

Case Number:	CM14-0059727		
Date Assigned:	07/09/2014	Date of Injury:	04/05/2013
Decision Date:	09/10/2014	UR Denial Date:	04/04/2014
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 & Rehabilitation and is licensed to practice in Nevada. 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 patient is a who was injured on 04/05/2013. The mechanism of injury is unknown. Prior treatment history has included 24 sessions of physical therapy postoperatively which improved his symptoms and increased his strength noting his pain at best a 2/10 and at worst a 7/10. The patient underwent biceps tenodesis and Mumford right shoulder surgery on 01/10/2014. Diagnostic studies reviewed include MRI of the right shoulder without contrast dated 08/19/2013 demonstrated acromioclavicular osteoarthritic change, which is moderate to severe with undersurface spurring; thickening of the coracoclavicular ligaments; and SLAP type IV tear of the superior labrum, extending anterior to posterior. Physical therapy note dated 11/07/2013 documented the patient to be doing well. On exam, range of motion of the left shoulder revealed flexion to 140; abduction to 125; external rotation to 70 and HBB to T11 when compared to visit note dated 10/16/2013, his flexion of the left shoulder revealed 135; abduction to 115; external rotation to 55 and HBB to T11. Prior utilization review dated 04/04/2014 states the request for Physical Therapy two times a week for four weeks for Bilateral Shoulders, Physical Therapy Re-Evaluation for Bilateral Shoulders is not certified as there is no indication that re-evaluation is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Integrated Treatment Guidelines Official Disability Guidelines (ODG)Treatment in Workers Comp 2nd Edition - Disability Duration Guidelines Official Disability Guidelines 9th Edition/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy - Shoulder chapter.

Decision rationale: The postop physical therapy MTUS Guidelines recommends 24 postop physical therapy sessions post arthroscopic surgery over a period of 14 weeks. The medical records document this claimant has participated in 24 postop physical therapy sessions. Further, there is an absence in documentation noting that this claimant cannot perform a home exercise program or that there are extenuating circumstances to support physical therapy at this juncture. Based on the MTUS postop treatment guidelines as well as ODG treatment guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Physical Therapy Re-Evaluation for Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Integrated Treatment Guidelines Official Disability Guidelines (ODG)Treatment in Workers Comp 2nd Edition - Disability Duration Guidelines Official Disability Guidelines 9th Edition/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations.

Decision rationale: The ACOEM Guidelines, 2nd edition, page 127, notes that a consultation is "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The medical records document this claimant has participated in 24 postop physical therapy sessions. Further, there is an absence in documentation noting that this claimant cannot perform a home exercise program or that there are extenuating circumstances to support physical therapy at this juncture. Based on ACOEM treatment guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The necessity for physical therapy evaluation is not established, as additional physical therapy is not indicated.