

Case Number:	CM14-0060624		
Date Assigned:	07/09/2014	Date of Injury:	07/25/2013
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Management 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 7/25/13. A utilization review determination dated 4/23/14 recommends non-certification of physical therapy (PT) as no clinical documentation was included with the request. A 3/25/14 medical report identifies that the patient is more than 3 months status post left shoulder arthroscopic labral repair, decompression, and distal clavicle resection. He was approved for 8 more PT visits and has finished 2. He is improving and states that PT is helping quite a bit. On exam, there is some swelling over the AC joint with apparent effusion at the location of the distal clavicle resection. Range of Motion (ROM) is limited with flexion (170), abduction (160), internal rotation (L3), and external rotation (30). There was 4/5 weakness of various shoulder muscles. The recommendation was to follow up after the completion of the 6 pending PT visits. PT notes identify that 27 PT sessions were authorized status post SLAP repair, with 22 sessions completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for 4 weeks for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10 and 27.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation that 27 postoperative PT sessions have been authorized to date, but there is no documentation of specific objective functional improvement with the most recent sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The patient was noted to have mild ROM and strength deficits as of the most recent medical report, at which point there were still 6 pending authorized PT sessions. There is no clear rationale for additional PT beyond the recommendations of the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.