MAXIMUS Federal Services

Case Number:	CM14-0060940		
Date Assigned:	07/09/2014	Date of Injury:	10/08/2012
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
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 Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 10/08/2012, due to a fall off a platform, hitting his head and shoulders. The injured worker had a history of headaches, bilateral shoulder pain, and head trauma with a diagnosis of cervical strain and bilateral shoulder rotator cuff. The diagnostics included an MRI dated 08/30/2004 to the right shoulder, which revealed a small subcortical cystic change in the humeral head; and an MRI of the left shoulder dated 08/30/2004, which revealed a small amount of fluid in the subacromial and subdeltoid bursa. The past treatment included physical therapy, 8 visits, that revealed improved strength and increased range of motion to the bilateral shoulders. No past surgical intervention was noted. The Objective findings of the bilateral shoulders dated 05/22/2014 revealed a flexion of 140 degrees at the right, and 130 degrees at the left; abduction was 130 at the right and 120 on the left with external rotation of 90 degrees bilaterally. No medications were noted, and no VAS noted. The current treatment plan included physical therapy, additional, for the bilateral shoulders, 8 visits. The Request for Authorization was not submitted with documentation. The rationale for additional physical therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the bilateral shoulders at 2 times per week QTY: 8.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration and Physical Medicine Page(s): 7, 98-99.

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

Decision rationale: The request for additional physical therapy for the bilateral shoulders at 2 times per week, quantity 8, is not medically necessary. The California Guidelines indicates that active therapy requires an internal effort by the individual to complete a specific exercise or task. This type of therapy may require supervision from a therapist or medical provider. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance, or resistance in functional activity with assistive devices. The recommended visits are 8 to 10 visits over 4 weeks. The documentation provided indicated that the injured worker had had 8 sessions of physical therapy. Per the physical therapy notes dated 04/07/2014, the injured worker stated that his shoulders were feeling better, with improved strength and increased range of motion. The clinical notes dated 05/22/2014 indicated the injured worker was instructed to continue home strengthening program. No evidence that the home exercises failed. The documentation was not evident that the injured worker had any special circumstances that warranted 8 additional physical therapy sessions to the bilateral shoulders. As such, the request is not medically necessary.