

Case Number:	CM14-0069703		
Date Assigned:	07/14/2014	Date of Injury:	03/15/2011
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 March 15, 2011. A utilization review determination dated April 23, 2014 recommends noncertification for 12 sessions of physical therapy. Noncertification was recommended due to the patient having had a 24 previous therapy sessions with no documentation of exceptional factors to support additional therapy above and beyond what is usually recommended by guidelines. A physical therapy report dated April 14, 2014 indicates that 24 therapy sessions have been completed. The note indicates that the patient underwent 2 shoulder surgeries, one in July 2013 and one in December 2013. The note indicates that the patient's range of motion has improved significantly over the past several weeks but still lacks some functional mobility like reaching back and strength is not where she wants it. Physical examination reveals tenderness to palpation in the posterior shoulder with decreased shoulder strength in all planes rated as 3-/5 with the exception of external rotation which is rated as 3/5. The note indicates that the patient has had difficulty and pain attempting to regain strength partially due to complications from a prior cervical spine fusion, and recommends additional physical therapy. A progress note dated May 6, 2014 indicates that the patient is "starting to fall backwards." The physician states that he feels there is a direct correlation to not having therapy and the patient's regression. He recommends a cortisone injection or recommends therapy after the injection. A physician progress report dated April 18, 2014 identifies nearly normal range of motion with tenderness to palpation on her right anterior shoulder and cervical paraspinals. The note recommends a functional restoration program. A note dated March 25, 2014 indicates that the patient "has made excellent progress and just lacks a bit at the extremes but is majorly improved."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Shoulder Procedure Summary last updated 03/31/2014; physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12 of 27. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of carpal tunnel syndrome. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. ODG recommends 24 physical therapy sessions for the post surgical treatment of glenoid labrum lesions. Within the documentation available for review, the most recent physician progress reports indicate that the patient has nearly normal range of motion and has "majorly improved." Physical therapy notes show a different story indicating that the patient has barely antigravity strength. Therefore, it is unclear what treatment goals remain, and why they would be unable to be addressed with an independent program of home exercise. The currently requested number of therapy sessions would exceed the maximum number recommended by guidelines. The requesting physician has indicated that the patient's cervical history has complicated the rehabilitation process. It is unclear how the patient's cervical condition has complicated the rehabilitation specifically, and how additional therapy sessions will improve the patient's condition above and beyond what was achieved with the initial course of 24 therapy sessions. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.