

Case Number:	CM14-0070026		
Date Assigned:	07/14/2014	Date of Injury:	11/17/2008
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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 78 year old female patient who reported an industrial injury on 11/17/2008, almost six years ago, attributed to the performance of customary job tasks reported as a trip and fall. The patient subsequently underwent a right shoulder total replacement surgery on 8/16/2011. The patient underwent extensive postoperative rehabilitation, physical therapy. The patient then completed 12 additional sessions of aquatic therapy to the cervical spine on 9/13/2013. The patient continued to complain of neck and upper back pain with diminished range of motion. The patient was authorized an additional six sessions of land based physical therapy directed to the cervical spine on 4/16/2014. On 4/23/2014 the patient was authorized an additional six sessions of physical therapy. The patient was then requested that have 2 times 6 sessions of additional physical therapy directed to the cervical spine. The diagnoses of the patient was shoulder joint pain; neck sprain; cervicgia; adhesive capsulitis shoulder; cervical spinal stenosis; and status post right total shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times per week for 6 weeks (12 total): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98.

Decision rationale: The request is for authorization of physical therapy twelve (12) additional sessions to the neck, shoulder and upper back 3 years after the date of surgery for a total shoulder replacement exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy 3 years after the cited date of service (DOS) directed to the neck with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of additional PT to the neck and upper back for the rehabilitation of the patient over the number recommended by evidence based guidelines. The patient has received a significant number of sessions of PT directed to the cervical spine subsequent to the post-operative rehabilitation of the shoulder. The patient is documented with no signs of weakness or muscle atrophy. The patient has diminished range of motion (ROM); however, the patient has received more than the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for the prescribed PT to the neck and upper back 3 years after the date of injury (DOI). The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The patient is receiving maintenance PT. The CA MTUS recommend up to nine-ten (9-10) sessions of physical therapy over 8 weeks for the shoulder for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the cervical spine rehabilitation subsequent to cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines.