

Case Number:	CM14-0072895		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2007
Decision Date:	08/25/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 Illinois. 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 54-year-old male with a reported injury on 04/17/2007. The mechanism of injury was lifting. The injured worker's diagnoses consisted of osteoarthritis of the right shoulder, status post right shoulder arthroscopy with removal of loose bodies, and status post right shoulder hemi-arthroplasty. The injured worker has had previous physical therapy, a psychiatric evaluation, cognitive behavior treatment, home exercise program, and treatment with medications. The injured worker has had a previous lumbar spine discectomy and fusion and also a right arthroscopic debridement. The injured worker had a physical examination on 04/11/2014 with complaints of pain, which, according to him, has been unchanged. He reported having difficulty sleeping and was unable to reach, push, pull, or do anything overhead without pain. The examination showed passive range of motion for the glenohumeral motion to be at 160 degrees, abduction was 80 degrees, internal rotation and external rotation were 40 degrees and 80 degrees, and external rotation of the arm to the side was 60 degrees. His strength was 4/5, although there was significant pain with that. His list of medications consisted of Enalapril, thyroid medication, Percocet, and hydrocodone. There was not a plan of treatment provided in this document, although the injured worker did have a physical therapy note on 04/17/2014. The note stated that the visit was his thirty-first visit of physical therapy. Functional limitations were listed as limited function being able to get dressed, brushing his teeth, and turning a key while driving, complaining that it hurts and his shoulder pops. In comparison on his initial assessment and his current report, his level of pain has decreased from a 10 to 5. His functional limitations had not changed. His shoulder flexion active range of motion went from 32 degrees to 115 degrees; his shoulder abduction went from 36 degrees to 110 degrees and the external rotation of 16 degrees to 65 degrees. The Request for Authorization was signed and dated for 04/11/2014. The rationale 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 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The additional physical therapy 2 times per week for 4 weeks is not medically necessary. The injured worker has a history of already having 31 sessions of physical therapy, it was noted to have shown some improvement in range of motion but his functional improvements have not changed. His pain level had decreased from a 10/10 to a 5/10. The California MTUS Guidelines do recommend therapy is based on the philosophy that therapeutic exercise and/or activities that are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The California Guidelines suggest that the injured worker should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8-10 sessions over 4 weeks. There is no evidence that the injured worker has been participating in a home exercise program. The injured worker has completed 31 sessions of physical therapy. The request for additional physical therapy would exceed the guideline recommendations. There are no exceptional factors noted which would indicated the need for extension of treatment outside of the guideline recommendations. Therefore, the request for additional physical therapy is not medically necessary.