

Case Number:	CM14-0080111		
Date Assigned:	07/18/2014	Date of Injury:	03/21/2011
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

The injured worker is a 65-year-old female who reported injury on 03/21/2011, who sustained a right shoulder injury when she slipped on a wet floor and landing on her right side. The injured worker's treatment history included physical therapy, surgery, MRI and medications. The injured worker was evaluated on 04/09/2014, and it was documented that the injured worker still had discomfort, as well as restricted range of motion of the right shoulder pain, the right shoulder pain was somewhat improved. She was currently participating in physical therapy and physical therapist had requested a few more visits. Objective findings of the right, there was still some stiffness in the right AC joint, however, there was some improvement. Range of motion, her abduction was approximately 90 degrees, but after that it was restricted and painful. She was restricted in forward flexion, extension, internal and external rotation. There was weakness of the motor strength of the right upper extremity as compared to the left side. The physical therapy notes dated 03/11/2014 indicated that the injured worker's right shoulder was feeling okay, but the muscles of her arm were sore. The injured worker noted no pain with TSA with therapeutic exercises, but presented with increased soreness to right distal biceps and lateral triceps as noted with manual treatment. The long term goals for the injured worker were not provided for this review. The diagnoses are status post right shoulder surgeries times 3 and right reverse total arthroplasty. The Request for Authorization date is 04/08/2014 was for physical therapy 2 X 3. The rationale was for the physical therapist had requested more visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3: Upheld

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

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, it was noted within the documentation the injured failed to indicate outcome measurements with prior physical therapy sessions. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. The request failed to indicate where physical therapy is required for the injured worker. Given the above, the request for physical therapy 2 X 3 is not medically necessary.