

Case Number:	CM14-0090276		
Date Assigned:	07/23/2014	Date of Injury:	10/06/2009
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 52-year-old female who reported an injury on 10/06/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post left shoulder scope, decompression rotator cuff repair, and biceps tendinosis. Physical medical treatment consists of surgery, physical therapy, home exercise program, and medication therapy. Medication includes Ultram. On 05/15/2014, the injured worker complained of cervical spine pain. Physical examination had noted that the pain rate with medication was 6/10 to 9/10. It was noted that the injured worker had essentially full range of motion except for internal rotation where she was slightly decreased. Neurovascular status was intact. Motor strength was 5/5. Sensation was normal. Medical treatment plan is for the injured worker to continue physical therapy to the left shoulder. The provider feels that the injured worker needs more than the initial 6 sessions that were granted for the injured worker. The provider is requesting an additional 8 sessions. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder 8 sessions 2 X 4: 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.

Decision rationale: The request for Physical therapy to the left shoulder 8 sessions 2 X 4 is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication of previous physical therapy, as well as the efficacy. The guidelines recommend up to 10 visits of physical therapy. The amount reported in the documentation was 6. The request as submitted is for an additional 8, exceeding the recommended guidelines. Furthermore, the documentation as submitted lacked any indication of the injured worker having any functional deficits. The rationale also was not submitted by the provider warranting the continuation of physical therapy. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.