

Case Number:	CM14-0095336		
Date Assigned:	07/25/2014	Date of Injury:	06/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 6/27/12. A utilization review determination dated 6/9/14 recommends non-certification of physical therapy (PT). It referenced a 5/22/14 medical report identifying that the patient has had multiple shoulder surgeries, most recently in November. There was a significant increase in pain and a concern about a recurrent tear. Motion was reasonable. There was positive Neer and Hawkins testing along with mild weakness. The left shoulder was also painful due to overcompensation and there was tenderness over the bicipital groove, positive Speeds test, and full strength with pain on resisted forward flexion. Additional PT was ordered and the patient received corticosteroid injections to both shoulders. A 4/1/14 medical report identifies that the patient does not feel that he is progressing very well with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 48-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: MTUS Guidelines supports up to 24 sessions of PT after shoulder surgery, with half that amount recommended initially. For medical treatment, MTUS Guidelines support up to 10 PT sessions and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions after shoulder surgery, but the medical reports suggest that the patient is not obtaining significant benefit from physical therapy and there is also a concern for a recurrent tear. As PT is apparently not beneficial, there is no clear indication for continuation of this form of postoperative treatment. MTUS does not support the proposed number of PT sessions. Therefore, the request is not medically necessary.