

Case Number:	CM14-0115030		
Date Assigned:	08/06/2014	Date of Injury:	05/27/1994
Decision Date:	01/31/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 58 year old patient with date of injury of 05/27/1994. Medical records indicate the patient is undergoing treatment for s/p left shoulder revision rotator cuff repair and acromioplasty, s/p bilateral elbow surgery, s/p ligamentous reconstruction right elbow, s/p right ankle surgery with extensive debridement arthrotomy with ostectomy of the distal tibia for an OATS procedure and right shoulder rotator cuff inflammation and tearing. Subjective complaints include pain in bilateral shoulders, righter greater than left, described as aching and dull, rated 8/10 at worst and 3/10 at best. Objective findings include increased thoracic kyphosis, decreased cervical lordosis, anterior pelvic tilt, right shoulder range of motion - flexion 150, abduction 130; left shoulder range of motion - flexion 150 and abduction 150. Treatment has consisted of home exercise program, physical therapy, surgical intervention. The utilization review determination was rendered on 07/08/2014 recommending non-certification of Additional PT x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online: Shoulder Chapter-Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy and Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical documentation provided indicates that this patient has attended at least 30 physical therapy sessions. After this type of surgery, guidelines recommend up to 24 sessions, this request would exceed guideline recommendations. The previous reviewer approved 6 additional session to instruct the patient in transition of the patient to a fully independent home exercise program. As such, the request for additional physical therapy times 12 is not medically necessary.