

Case Number:	CM14-0171789		
Date Assigned:	12/18/2014	Date of Injury:	11/29/2012
Decision Date:	01/16/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 11/29/12. He was diagnosed with right shoulder sprain/strain, shoulder arthropathy, and rotator cuff syndrome. He was treated with medications, physical therapy, and restricted duty. On 5/28/14, the worker reported to his primary treating physician that he had intermittent severe right shoulder pain. He reported having completed 6 sessions of physical therapy for his right shoulder showing "significant functional improvement" (no more details provided). Physical examination findings revealed spasm and tenderness of the right rotator cuff muscles and right upper shoulder muscles with positive Speeds test and positive supraspinatus test on the right. He was then recommended 6 additional physical therapy visits for his shoulder. No record was included in the documents provided for review stating the number of sessions of physical therapy completed for his shoulder. Later, on 9/15/14, the worker was recommended 12 additional physical therapy sessions for his right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for shoulder strain/sprain pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case had his injury years prior to this request with requests for at least 18 sessions of physical therapy previous to this request and at least 6 documented completed sessions of these requested. However there was insufficient documentation elaborating quantitatively how his function was improved with the previous sessions to suggest these most recent 6 sessions were important to continue. Also, at this stage in his condition, home exercises should be a skill requiring very little if not no more supervision from a therapist. Therefore, due to lack of documentation of how many sessions of physical therapy were completed by the worker since his injury and lack of specific documentation showing evidence of benefit as well as need for more home exercises and less passive supervised therapy for long-term support, the 12 additional sessions of physical therapy for his shoulder are not medically necessary.