

Case Number:	CM14-0198841		
Date Assigned:	12/09/2014	Date of Injury:	12/30/2013
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine 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 39-year-old woman with a date of injury of December 30, 2013 involving the right shoulder. The injured worker underwent arthroscopic debridement of rotator cuff and labral tear, acromioplasty, resection of coracoacromial ligament and subacromial bursa, and resection of distal clavicle on August 28, 2018. The current diagnoses are right shoulder strain; right trapezius strain; and right rotator cuff repair and distal clavicle arthrosis. Pursuant to the progress report dated November 24, 2014, the injured worker presents for a follow-up for her right shoulder, status post-surgery. She reports no significant change since her last visit. Right shoulder examination reveals 2+ radial pulse. Distal sensation is grossly intact. She has well healed surgical incisions. She has good range of motion (ROM) of both wrists and elbow. She has significant tenderness to palpation over the right shoulder. ROM has improved since last visit. She is currently on a home exercise program. The provider reports that the injured worker has completed 24 physical therapy (PT) visits since the date of surgery. She is showing good improvement with PT, but has not yet achieved normal ROM. The provider is requesting additional PT. The current request is for physical therapy 3 times a week for 4 week, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X 4 For the Right Shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy three times a week for four weeks to the right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). In this case, the injured worker's diagnoses are right shoulder strain; right trapezius strain; AC joint hypertrophy; and surgery for impingement syndrome, distal clavicle arthrosis, and partial rotator cuff tear and glenoid labral tear right shoulder repair. The guidelines allow for up to 24 physical therapy post-surgery. Progress note dated November 24, 2014 indicates the injured worker completed 24 sessions of physical therapy. This is commensurate with the recommended guidelines. Patients are instructed and expected to continue an active therapy regimen at home as an extension of the treatment process in order to maintain improvement levels. There was no documentation of objective functional improvement in the medical record as a result of physical therapy. Additionally, there is no additional documentation to support an additional 12 physical therapy visits to the right shoulder. Consequently, absent is the appropriate clinical indication and evidence of objective functional improvements; therefore, the request for additional physical therapy three times a week for four weeks is not medically necessary.