

Case Number:	CM14-0199705		
Date Assigned:	12/10/2014	Date of Injury:	12/24/2012
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 24, 2012. A utilization review determination dated November 17, 2014 recommends modified certification of physical therapy for the right shoulder. Eight sessions were requested and 4 were recommended for certification. Modified certification was recommended since the patient has already undergone 12 postoperative therapy sessions. A progress report dated July 24, 2014 identifies subjective complaints indicating that the patient has completed all 12 sessions of therapy and feels that her range of motion has improved some with more strength in her right upper extremity. Physical examination of the shoulder shows range of motion reduction by 70% with flexion and abduction and 60% with internal and external rotation. The patient also had 4/5 strength in the left hand and 3/5 strength with right grip. A progress report dated August 14, 2014 states that 12 sessions of physical therapy have been authorized and will be scheduled. Diagnoses include pain in the joint shoulder, neck pain, major depression, and generalized anxiety disorder. A progress report dated September 17, 2014 states that the patient has undergone 4 physical therapy sessions out of 12. She noted increased pain. Her shoulder examination is unchanged. A progress report dated October 23, 2014 states that the patient has completed all therapy sessions with gradual improvement. Shoulder examination was minimally improved. The treatment plan recommends a functional restoration program and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it appears the patient has received at least 24 sessions of therapy with minimal improvement from the most recently provided 12 sessions. The 24 sessions already provided along with the 12 currently requested exceed the maximum number recommended for this patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.