

Case Number:	CM14-0201964		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2011
Decision Date:	02/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 July 8, 2011. A utilization review determination dated November 5, 2014 recommends noncertification of 6 visits of physical therapy for the right shoulder. A progress report dated September 2, 2014 identifies subjective complaints indicating that the patient underwent right shoulder rotator cuff repair on July 11, 2013. She complained of ongoing pain for the left shoulder and has completed therapy for both shoulders. The patient's neck pain has become quite severe. Physical examination revealed decreased range of motion in the cervical spine with tenderness to palpation. Right shoulder examination reveals nearly normal range of motion. Left shoulder examination reveals nearly normal range of motion with positive impingement sign. Diagnoses include left shoulder rotator cuff tendinitis, left shoulder subacromial bursitis, possible SLAP lesion left shoulder, right rotator cuff tea and AC arthritis s/p surgery, and cervicobrachial syndrome. The treatment plan states that surgery is recommended for the left shoulder and recommends a brief course of therapy directed towards her cervical spine and left shoulder. This report dated July 26, 2014 indicates that as of April 2014 at the patient had completed 12 additional sessions of physical therapy for both of her shoulders with reported improvement in pain and range of motion. The treatment plan recommends 6 visits of therapy to develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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 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, no recent progress reports have identified a treatment plan including physical therapy for the right shoulder. Finally, there is no documentation indicating how many therapy sessions the patient is already undergone for the right shoulder, making it impossible to determine whether the patient has exceeded the maximum number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.