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| Case Number: | CM14-0203584 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 08/28/2011 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/27/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Occupational Medicine, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 52 year old male who was injured on 08/28/2011 while lifting a five gallon bucket of pain and when he set it down he felt a strain in his biceps and right shoulder. He underwent surgery on 06/29/2012 for partial thickness tear rotator cuff debridement anterior acromioplasty and distal clavicle resection, after which he received physical therapy. Per the sports medicine notes of 06/13/2013, the injured worker had reached maximum medical improvement. Per the sports medicine notes dated 10/30/2014 the injured worker presents complaints of left shoulder pain, intermittent with activity and range of motion. Examination revealed maximum medical improvement and an impairment rating noting range of motion deficits in forward flexion, abduction, extension, extra rotation, internal rotation and adduction. The assessment indicates that the symptoms are unchanged. The physician ordered home exercise program, applying ice and range of motion/strengthening exercises and outpatient physical therapy two times a week for six weeks. He has been returned to work with full regular duties. The Utilization Review dated 11/27/2014 non-certified 12 sessions of physical therapy for the bilateral shoulders. Per the UR, the benefits of exercise were reviewed at length and a home exercise program was planned, and that outpatient physical therapy two times a week for six weeks was planned with no indication as to why the injured worker would require skilled therapy given essentially identical examination findings in indication of identical symptoms to when he previously completed therapy. Per the UR, there is documentation that the worker has undergone significant prior therapy which has included instruction in a self directed home exercise program and the need for further skilled therapy services is not supported as per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: 12 sessions of physical therapy for the bilateral shoulders is not medically necessary per the MTUS Guidelines is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that the patient has had extensive prior physical therapy. It is unclear why the patient cannot participate in an independent home exercise program at this point. The guidelines recommend up to 10 visits for this condition. The request exceeds this number and no extenuating factors are documented that would require the patient to have 12 more supervised therapy sessions. The request for 12 sessions of physical therapy for the bilateral shoulders is not medically necessary.