

Case Number:	CM14-0213963		
Date Assigned:	02/05/2015	Date of Injury:	06/30/2011
Decision Date:	04/08/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 64 year old female, who sustained an industrial injury on 6/30/11. On 12/22/14, the injured worker submitted an application for IMR for review of Physical Therapy 2 times a week for 6 weeks, right shoulder. The treating provider has reported the injured worker complained of continued pain in the right shoulder; unable to sleep at night. The diagnoses have included right shoulder sprain/strain. Treatment to date has included chiropractic care; status post right shoulder arthroscopic rotator cuff repair with extensive debridement, excision of distal clavicle and subacromial decompression (10/30/13); physical therapy (x12); medications. On 12/4/14 Utilization Review non-certified Physical Therapy 2 times a week for 6 weeks, right shoulder. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. 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, physical therapy two times per week times six 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is one year status post right rotator cuff repair. The medical record contains 18 pages. There was one physician progress note and one physical therapy progress note. The documentation indicates the injured worker was slated to receive 12 physical therapy sessions total (two times per week times six weeks). The documentation indicates the physical therapy provider instructed the injured worker on a home exercise program. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement other than a single physician progress note and a single physical therapy progress note with no compelling clinical facts to support additional physical therapy over the recommended guidelines, physical therapy two times per week times six weeks to the right shoulder is not medically necessary.