

Case Number:	CM14-0050345		
Date Assigned:	06/25/2014	Date of Injury:	07/25/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The injured worker is a 35-year-old male, who sustained an industrial injury on 7/25/2012. Diagnoses have included right shoulder anterior/superior labral tear. Treatment to date has included right shoulder arthroscopy and physical therapy. According to the progress report dated 2/5/2014, the injured worker complained of pain in his right shoulder, especially the posterior part. He had attended physical therapy. It was noted that he moved slow with gradual progress. Exam of the right shoulder revealed tenderness. The treatment plan was for additional physical therapy. Notes indicate that the patient has already undergone 24 therapy sessions thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8-sessions for the right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 24 prior PT sessions with slow improvement. However, there is no documentation of 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 is unclear that the patient is undergoing an independent home exercise program with resistance to address the remaining weakness. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS, with no documentation of an intervening injury or complication for which additional therapy sessions may be needed. In light of the above issues, the currently requested additional physical therapy is not medically necessary.