

Case Number:	CM14-0089272		
Date Assigned:	09/10/2014	Date of Injury:	06/20/2013
Decision Date:	03/30/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 6/20/13. He has reported right shoulder pain. The diagnoses have included right shoulder rotator cuff tear and lumbar spine sprain. Treatment to date has included MRI of the lumbar spine, physical therapy and oral medications. As of the PR2 dated 12/20/13, the injured worker reported 8/10 right shoulder pain and 6/10 low back pain. The treating physician noted that a request for rotator cuff surgery had been requested. The treating physician requested physical therapy x8 sessions to the right shoulder. On 6/5/14 Utilization Review modified a request for physical therapy x8 sessions to the right shoulder to physical therapy x 6 sessions for home exercise program. The utilization review physician cited the ODG guidelines for shoulder physical therapy. On 6/13/14, the injured worker submitted an application for IMR for review of physical therapy x8 sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for eight physical therapy visits for the right shoulder.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter; Physical Therapy

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

Decision rationale: According to MTUS guidelines, Physical Medicine is “recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices (Colorado, 2002) (Airaksinen, 2006). Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).” There is no documentation of objective findings that the patient condition needed physical therapy instead of home exercise program. On January 27, 2014, the patient was authorized for right shoulder arthroscopic debridement with subacromial decompression and rotator cuff repair and 12 sessions of post-op physical therapy. The patient was authorized and additional 12 sessions of physical therapy on April 25, 2014. The patient has met the number of sessions recommended status post surgery, without documentation of clear benefit. Therefore, physical Therapy 8 visits for the right shoulder is not medically necessary.