

Case Number:	CM14-0095228		
Date Assigned:	09/22/2014	Date of Injury:	10/17/2012
Decision Date:	01/05/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 65-year-old male patient who reported an industrial injury on 10/17/2002, over two (2) years ago, which attributed to the performance of his usual and customary job tasks reported as attempting to prevent offense from falling by grabbing it with the left arm. The patient received conservative treatment initially and was subsequently taken to surgery where he underwent a left shoulder arthroscopic post and superior capsular release, sub-acromial decompression surgery (SAD), with release of the cephalad coracoacromial ligament and rotator cuff debridement with rotator cuff repair using BioRaptor anchors. The date of surgery was 3/21/2013. The patient received 45 sessions of postoperative rehabilitation physical therapy exceeding the 24 sessions recommended for postoperative rehabilitation of the shoulder for rotator cuff repairs. The patient subsequently has received 12 additional sessions of physical therapy from 3/11/2014 to 4/24/2014, directed to the right shoulder. The patient is diagnosed with advanced glenohumeral joint osteoarthritis, shoulder impingement, and status post rotator cuff repair/SAD. The patient complained of pain to the bilateral shoulders. The AME evaluation dated 4/1/2014, recommended ongoing conservative treatment modalities with physical therapy and cortisone injections, left total reverse total shoulder arthroplasty, and right shoulder arthroplasty. The patient was prescribed Voltaren 100 mg, a compounded topical analgesic cream, a home exercise program, and additional sessions of physical therapy twice a week for four weeks directed to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for four weeks 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 Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Chapter 9, page 203-04 and Official Disability Guidelines (ODG) Shoulder section--- Physical Therapy; Exercises

Decision rationale: The patient has received 12+ sessions to date on this industrial claim with noted improvement whereas the California MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the date of injury (DOI). There is no medical necessity demonstrated for an additional 8 sessions of physical therapy directed to the right shoulder for the cited diagnoses over the recommended self-directed home exercise program. The patient is noted to have ongoing shoulder impingement with osteoarthritis (OA) of the shoulder with some diminished range of motion. The requesting provider has provided no objective evidence to support the medical necessity of additional sessions of physical therapy as opposed to a self-directed home exercise program for the strengthening and conditioning of the right shoulder. The patient is noted to be able to participate in a home exercise program (HEP). The patient has been provided with 12+ recent sessions of physical therapy and the request for additional sessions of physical therapy has significantly exceeded the number recommended by the California MTUS for the treatment of the stated diagnoses. The patient has been documented with improvement of strength and range of motion to the right shoulder. The additional strengthening prescribed can be accomplished in HEP as recommended. There are no diagnoses that could not be addressed with HEP. The California MTUS recommends up to ten (10) sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. The documented objective findings are consistent with the level where the patient is able to use the exercises learned in physical therapy and apply them in a home exercise program. Therefore, this request is not medically necessary.