

Case Number:	CM13-0036802		
Date Assigned:	06/09/2014	Date of Injury:	08/16/2001
Decision Date:	09/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 54 year old female with a work injury dated 8/16/01. The diagnoses include left shoulder impingement and thoracic outlet syndrome (TOS). The patient is status post right shoulder arthroscopy with sub acromial decompression, excision distal clavicle on 7/6/11. Under consideration is a request for physical therapy 2 x 6 weeks for TOS. There is a primary treating physician report which states that the patient has increased mobility to left shoulder. The patient is still experiencing weakness and needs additional physical therapy for strengthening. On exam the left shoulder reveals impingement, increased range of motion, 4/5 strength. The document states that cervical has decreased spasms decreased TOS. The plan is additional physical therapy for strengthening. A 4/24/14 physical therapy note states that the patient has made significant progress with physical therapy with decreased overall pain intensity and lesser level of irritability, however, the patient remains with limited ability to tolerate physical activity which is making it difficult for her to perform a home exercise program. Being able to do a more consistent home exercise program for postural strengthening and stabilization would greatly benefit this patient since a lot of her residual complaints are due to flare-ups while perform normal activities of daily living with incorrect shoulder postural biomechanics. The physical therapy recommends continuing physical therapy but at the lesser frequency of 1 x/week with a focus on therapeutic exercises and postural reeducation, once weekly treatment would allow us to address flares-ups w manual therapy as needed; but also to focus on active rehab to monitor and safely progress exercises. Per documentation the patient has had extensive physical therapy before and after her surgery. According to the documentation the patient received 18 physical therapy treatments in 2010, 7 pre-op physical therapy treatments in 2011 and 36 post-op physical therapy treatments, for a total of at least 61 physical therapy treatments since 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 WEEKS FOR TOS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Therapy 2 x 6 weeks for TOS is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive physical therapy. At this point the patient should be well versed in a home exercise program. The MTUS physical therapy guidelines recommend up to 10 visits for this condition. The patient has already exceeded this number and an additional 10 would further exceed this guideline. The documentation does not indicate an extenuating circumstance that would require an additional supervised therapy sessions. Therefore the request is not medically necessary.