

Case Number:	CM14-0125122		
Date Assigned:	08/11/2014	Date of Injury:	03/09/2011
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The patient is a 48-year-old male who has submitted a claim for pain in joint, shoulder region associated with an industrial injury date of March 9, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain and stiffness. On examination, patient was found to have right shoulder ROM of 140 degrees on elevation, 60 degrees on abduction, and 30 degrees on external rotation. Treatment to date has included right shoulder arthroscopy and distal clavicle excision on November 7, 2013. A progress note dated April 28, 2014 mentioned that the patient was undergoing PT sessions. He patient had not progressed with his HEP, which he had been doing for at least three months already. Utilization review from July 24, 2014 denied the request for Physical Therapy 12 sessions to right shoulder because submitted reports failed to indicate if the patient had not participated in any postoperative PT sessions and the inadequate information made it difficult to make an informed decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines, Shoulder chapter, states postsurgical treatment of up to 24 post-operative physical therapy visits over 14 weeks for patients who underwent arthroscopic surgery are recommended with postsurgical physical medicine treatment period of 6 months. In this case, the patient had already exceeded this 6-month post-operative period and this guideline may not be applicable. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient had undergone postoperative therapy. However, there was no sufficient information regarding the number of visits that the patient had already accomplished and the outcome of previous visits. Without this information, it is difficult to support prolonged therapy. Therefore, the request for Physical Therapy 12 sessions to right shoulder is not medically necessary.