

Case Number:	CM14-0129907		
Date Assigned:	08/20/2014	Date of Injury:	06/11/2012
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational 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 31 year old patient had a date of injury on 6/11/2012. The mechanism of injury was not noted. In a progress noted dated 7/30/2014, the patient is doing well, improving with physical therapy. He is playing and going back to work on 8/1/2014 with restrictions. There was no interval change in his past medical history, medications, allergies, social history, and review of systems. On a physical exam dated 7/30/2014, he has full range of motion of bilateral shoulders as well as bilateral elbows. The diagnostic impression shows post-arthroscopic decompression. Treatment to date: medication therapy, behavioral modification, arthroscopic subacromial decompression, rotator cuff repair on 4/18/2014, physical therapy (28 sessions from 5/5/2014 and 6/30/2014). A UR decision dated 8/7/2014 denied the request for additional physical therapy x12 for right shoulder, stating that this patient has already completed 28 post operative physical therapy sessions, and CA MTUS recommends up to 24 visits. Furthermore, there is no need to continue physical therapy and home exercise program should be initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 12 for right shoulder: 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 Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 24 sessions over 14 weeks for post-surgical physical therapy treatment for Arthroplasty of the shoulder. It was noted that this patient has had at least 18 post-operative physical therapy visits after 4/18/2014. The patient claims that physical therapy has improved his function, and objectively he was able to have full range of motion in the shoulders. There was no clear rationale provided regarding the medical necessity of further physical therapy sessions. Furthermore, 12 additional physical therapy sessions would exceed the maximum recommended guideline of 24, and it was unclear why this patient could not participate in a home exercise program. Therefore, the request for post operative 12 physical therapy visits was not medically necessary.