

Case Number:	CM14-0133461		
Date Assigned:	08/25/2014	Date of Injury:	04/15/2013
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 40 year old male with an injury date of 04/15/13. Based on the 06/30/14 progress report provided by [REDACTED], the patient complains of left shoulder pain. He is status post left shoulder rotator cuff repair 07/09/13. Patient underwent physical therapy until May 2014. Patient reports pain rated 5-6/10 at rest and 8-9/10 when using the shoulder. Physical examination to the left shoulder reveals tenderness over bicipital tendon and posteriorly over the infraspinatus tendon. Range of motion is painful and limited, especially on external rotation 60 degrees. Reflexes are normal. Per physical therapy report dated 07/03/14, patient completed 22 of 24 visits. Diagnosis 06/30/14- status post right shoulder rotator cuff repair 07/09/13, with residual pain and limitation in shoulder range and strength. [REDACTED] is requesting Physical Therapy (12 sessions). The utilization review determination being challenged is dated 07/25/14. The rationale is "patient already had 72 post-operative visits and should be in a home exercise program." [REDACTED] is the requesting provider, and she provided treatment reports from 01/27/14 - 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (12) SESSIONS: Upheld

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

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

Decision rationale: The patient presents with left shoulder pain. The request is for Physical Therapy (12 sessions). Per diagnosis dated 06/30/14, patient is status post right shoulder rotator cuff repair 07/09/13 with residual pain and limitation in shoulder range and strength. Patient is beyond post-operative time period. For non-post-op therapy recommendations, MTUS pages 98, 99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." In this case, the requested 12 sessions of therapy exceeds what is allowed per MTUS. The physician does not discuss treatment history and why therapy is needed. There is no discussion regarding how the patient responded to therapy in the past and why home exercise is inadequate. Furthermore, per physical therapy report dated 07/03/14, patient completed 22 of 24 visits. Therefore, the request for physical therapy (12) sessions is not medically necessary and appropriate.