

Case Number:	CM14-0135454		
Date Assigned:	08/29/2014	Date of Injury:	12/11/2007
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery 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 injured worker is a 61 year old female who sustained an industrial injury to the right shoulder on 12/11/07 under unstated circumstances. She underwent an arthroscopic procedure (procedure not documented in records provided for review) of the right shoulder in January, 2010. On 1/24/14, she was noted to be at permanent and stationary status, but had complaints of pain and decreased right shoulder range of motion (ROM). Her diagnoses included right shoulder sprain/strain and rotator cuff strain. A home exercise program was recommended but the patient was poorly compliant. Formal physical therapy (PT) was recommended and she completed 9 physical therapy (PT) sessions. Little progress in range of motion or improvement in her pain complaints was reported and there is no documentation of improvement in functionality in activities of daily living (ADLs) or decreased use of pain medications. An additional 12 physical therapy (PT) visits, 3x4, are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for four weeks for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address this. The American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend physical therapy (PT) for acute flares of shoulder pain, but do not specify a duration and frequency. The Official Disability Guidelines (ODG) recommend up to 10 physical therapy (PT) visits over 8 weeks for shoulder or rotator cuff sprain/strain and there must be objective documentation of improved function before additional visits are recommended. As the injured worker completed 9 sessions without improvement, no additional visits are recommended for certification. Therefore, the request for additional physical therapy three times a week for four weeks for the right shoulder is not medically necessary and appropriate.