

Case Number:	CM14-0155285		
Date Assigned:	09/25/2014	Date of Injury:	02/23/2012
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of February 23, 2012. A utilization review determination dated September 9, 2014 recommends noncertification for continued postoperative physical therapy for the right bicep. Noncertification was recommended due to limited evidence of significant progress over the recent course of care and no documentation of a home exercise program. A progress report dated August 13, 2014 identifies subjective complaints indicating that the patient is feeling better, Patient is much better now making progress as well as restarting physical therapy and will start a home exercise program. The patient is not using medication and function is better. The note indicates that the patient underwent surgery on February 27, 2014 and states that physical therapy "helped a little." The note goes on to state "she has now started physical therapy and this has helped. When she does not go she can really feel a difference in her shoulder." Physical examination findings reveal tenderness of the subacromial bursa and glenohumeral joint, nearly normal shoulder range of motion, and mild pain at forward flexion. Diagnoses include biceps tendinitis, and recommend 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST-OP PHYSICAL THERAPY (RIGHT BICEP): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12 and 27. Decision based on Non-MTUS Citation Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many physical therapy sessions the patient has already undergone, making it impossible to determine if the patient has already met the maximum number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.