

Case Number:	CM14-0162705		
Date Assigned:	10/07/2014	Date of Injury:	08/18/2011
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 60 year-old patient sustained an injury on 8/18/11 while employed by [REDACTED]. Request(s) under consideration include Outpatient Continue Physical Therapy 2x6 Right Shoulder. Diagnoses include shoulder osteoarthritis with postsurgical status. Report of 5/12/14 from the provider noted the patient underwent right shoulder total arthroplasty with 24 post-operative therapy sessions through 9/10/14. The patient noted pain level of 0-1/10 with ability to lift 35 pounds overhead repeatedly. There was recommendation for continued PT. The request(s) for Outpatient Continue Physical Therapy 2x6 Right Shoulder was non-certified on 9/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Continue Physical Therapy 2x6 Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This 60 year-old patient sustained an injury on 8/18/11 while employed by [REDACTED]. Request(s) under consideration include Outpatient Continue Physical Therapy 2x6 Right Shoulder. Diagnoses include shoulder osteoarthritis with postsurgical status. Report

of 5/12/14 from the provider noted the patient underwent right shoulder total arthroplasty with 24 post-operative therapy sessions through 9/10/14. The patient noted pain level of 0-1/10 with ability to lift 35 pounds overhead repeatedly. There was recommendation for continued PT. The request(s) for Outpatient Continue Physical Therapy 2x6 Right Shoulder was non-certified on 9/25/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received significant therapy sessions with demonstrated evidence of functional improvement to allow transition to an independent home exercise program. There is no report of acute flare-up, new injuries, increased symptoms or clinical deterioration to support for further formal PT in a patient that has been instructed on a home exercise program. Submitted reports have noted the patient progressing well without low pain level reported for the extensive postsurgical period without noted operative complications or extenuating circumstances to support for additional therapy beyond guidelines criteria. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Outpatient Continue Physical Therapy 2x 6 Right Shoulder is not medically necessary and appropriate.