

Case Number:	CM14-0163350		
Date Assigned:	10/08/2014	Date of Injury:	07/03/2003
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
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 and Rehabilitation, has a subspecialty in Pain 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 is a male patient with a date of injury of July 3, 2003. A utilization review determination dated September 10, 2014 recommends noncertification of 12 physical therapy sessions. A progress note dated July 29, 2014 identifies subjective complaints of the left shoulder giving the patient problems, and an MRI failed to show any recurrent tear of the rotator cuff, and there is evidence of prior AC joint surgery and SLAP repair. Physical examination identifies diffuse pain with shoulder range of motion. There are no diagnoses listed. The treatment plan recommends no further surgical intervention, and the patient is to return to work without restrictions. A physical therapy progress note dated April 10, 2014 identifies that the patient has completed 12 sessions. The treatment side is identified as the right shoulder. Objective findings identify bilateral shoulder strength of 4/5. The assessment recommends further diagnostic testing for the left shoulder due to severe pain. An MRI of the left shoulder dated July 22, 2014 identifies evidence of a prior surgery at the acromioclavicular joint and scapula, there is no evidence of a recurrent or residual rotator cuff tear, there is no evidence for impingement at the level of the acromion process, there is no evidence for residual recurrent tear at the posterior fibrocartilage, and there is no evidence for avascular necrosis or occult fracture of the left humeral head or neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for 12 physical therapy sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for 12 physical therapy sessions is not medically necessary.