

Case Number:	CM14-0166572		
Date Assigned:	10/13/2014	Date of Injury:	10/06/2011
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal 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:

The injured worker is a 64-year-old man with a dated of injury of October 6, 2011. The mechanism of injury and the actual injuries that the injured worker sustained were not part of this medical record. The medical record documentation was limited in content. Diagnosis: Right shoulder osteoarthritis, status-post total right shoulder arthroplasty performed March 10, 2014, and right shoulder impingement and frozen shoulder status-post arthroscopy and debridement. Pursuant to the primary treating physician progress noted dated September 10, 2014, the IW has been benefiting from physical therapy, helping increase functional use. They help to stretch him out and maintain motion. He has an ongoing "catching sensation" when he flexes his arm to about 100 degrees and some tightness and occasional pain down the deltoid. He has ongoing popping sensation in his shoulder, which increases with external rotation exercises. He notes soreness at rest, but no significant pain. He sleeps okay but occasionally wakes up. He does continue to have some pain in his shoulder. He does understand that he may not have 100% improvement in symptoms, but is improved from prior surgical procedures with increased functional use. The IW was informed of a home exercise program. He will continue with the same modified work duties of no above shoulder work, and no lifting, pulling, or pushing more than 5 pounds with the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, right shoulder quantity: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the California MTUS, chronic pain medical treatment guidelines the request for physical therapy two times per week for four weeks of the right shoulder is not medically necessary. The guidelines indicate that physical medicine is indicated in certain situations. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are expected to continue active therapies at home as an extension of treatment. In this case, the injured worker attended 12 visits of physical therapy as of the March 2014 visit. The provider notes no improvement in the medical record on a progress note dated September 10, 2014. There is no documentation of specific objective or functional changes as a result of physical therapy through the September follow up. Earlier notes document the specifics with respect to range of motion and strength but the current physical examination is relatively unremarkable without significant objective clinical findings or functional improvement that is to be addressed in additional physical therapy sessions. Additionally, the injured worker is working without restrictions. Consequently, without evidence of positive clinical gains from prior physical therapy treatment the additional physical therapy request is not medically necessary. Based on the clinical information the medical record and the peer-reviewed, evidence-based guidelines, the request for additional physical therapy is not medically necessary.