

Case Number:	CM14-0176038		
Date Assigned:	10/29/2014	Date of Injury:	02/21/2013
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Nephrology 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 61-year-old female with a 2/21/13 date of injury. She tripped and fell onto her left arm. According to a progress report dated 9/23/14, the patient underwent left shoulder rotator cuff repair surgery on 7/17/14. She complained of neck, shoulders, knees, and left arm pain. The pain radiated to left elbow, fingers, wrists, and hands. She has been receiving physical therapy and chiropractic treatment and has attended 23 sessions. Objective findings: tenderness to palpation of cervical spine, restricted cervical spine range of motion due to mild pain, restricted left shoulder range of motion due to pain. Diagnostic impression: cervical disc protrusion, left upper extremity radiculopathy, left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, status post left shoulder surgery rotator cuff repair. Treatment to date: medication management, activity modification, physical therapy, surgery. A Utilization Review (UR) determination report was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 weeks on cervical (24 pts completed on this claim): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and

the Restoration of Function, Chapter 6, page 114 Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, according to the request, the patient has completed 24 physical therapy sessions. Guidelines support up to 10 visits over 8 weeks for cervical sprains and strains. She has already exceeded the guideline recommended number of physical therapy sessions. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for PT 3x4 weeks on cervical (24 pts completed on this claim) was not medically necessary.

Postop Pt 3x4 on left shoulder (20 postop approved on left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, according to this request, the patient has had approval for 20 post-op physical therapy sessions for the left shoulder. Guidelines support up to 24 visits over 14 weeks for rotator cuff repair. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for Postop Pt 3x4 on left shoulder (20 postop approved on left shoulder) was not medically necessary.