

Case Number:	CM14-0048120		
Date Assigned:	07/02/2014	Date of Injury:	03/23/2011
Decision Date:	01/06/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventive Medicine, and is licensed to practice in Massachusetts, New Hampshire, & New York. 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 49-year-old male who reported an injury due to repetitive and cumulative trauma on 03/23/2011. On 09/18/2013, he underwent a right shoulder arthroscopy with subacromial decompression and distal clavicle excision. He received an unspecified number of postoperative physical therapy visits. On 02/14/2014, his clinical assessment included status post right shoulder arthroscopy with subacromial decompression and distal clavicle excision, labral debridement for SLAP tear with subpectoral biceps tenodesis and postoperative arthrofibrosis. He was receiving additional physical therapy sessions. It was noted that he had good internal and external rotation, and reasonable supraspinatus strength. There was no tenderness over the AC joint. He had mild pain with cross body adduction. He had a mild O'Brien's test and positive Hawkin's and Neer's tests. The request in his treatment plan was for additional physical therapy. The plan was to continue 1 month of conservative management prior to proceeding with any manipulation. On 03/21/2014, it was noted that he had been improving with physical therapy regarding his range of motion, but he was still experiencing stiffness with rotational movement and at the extremes of overhead use. He required anti-inflammatory medications, icing, and activity modification. Another 6 sessions of physical therapy were requested at that time. There was no documentation subsequent to 03/21/2014. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 session for the Right Shoulder: Upheld

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

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

Decision rationale: The request for additional physical therapy 2 sessions for the right shoulder is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The submitted documentation revealed that at least 12 physical therapy visits have been requested. There was no documentation regarding the initiation of the therapy or any results therefrom. There was no objective quantified documentation of functional improvement with the use of medications or physical therapy. There was no documentation of this injured worker continuing with a home exercise program. The clinical information submitted failed to meet the evidence based guidelines for continued physical therapy. Therefore, this request for additional physical therapy 2 sessions for the right shoulder is not medically necessary.