

Case Number:	CM15-0097655		
Date Assigned:	05/28/2015	Date of Injury:	05/10/2009
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 05/10/2009. He has reported subsequent right knee and shoulder pain and was diagnosed with status post right shoulder total joint arthroplasty with long head biceps tenodesis, cumulative trauma of the right shoulder and status post previous arthroscopic debridement. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 04/13/2015, the injured worker complained of right knee and shoulder pain. Objective findings were notable for decreased range of motion of the right shoulder with significant weakness in external rotation. The physician noted that the injured worker had benefited from 24 previous visits of physical therapy and would benefit from further therapy and a request for authorization of 12 additional physical therapy sessions for the right shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy for Shoulder conditions.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had 30 visits since her shoulder surgery 12/14. Per the Guidelines 24 visits is the maximum number of sessions for shoulder conditions. There is no specific indication for the additional 12 PT (2x6) sessions requested, and the additional visits exceed the MTUS and ODG guidelines. Medical necessity for the additional PT visits requested, have not been established. The requested services are not medically necessary.