

Case Number:	CM14-0141894		
Date Assigned:	09/15/2014	Date of Injury:	02/11/2008
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61-year old male with a work injury dated 2/11/08. The diagnoses include status post right shoulder arthroscopy for subacromial decompression and rotator cuff debridement and AC joint decompression and possible labral repair on 1/21/2014; cervical spine degenerative disc disease; neck pain; bilateral hand carpal tunnel syndrome; right middle finger trigger finger; right shoulder impingement; rotator cuff tear; tendinitis bilaterally. Under consideration is a request for There is a primary treating physician report dated 7/21/14 that states that the patient notes ongoing pain in his right shoulder. He has difficulty reaching overhead, reaching to the side; and reaching behind his back. The physical exam of the cervical spine there is generalized tenderness and spasms. Examination of the right shoulder reveals impingement. There is weakness with external rotation and abduction. There is pain over the biceps tendon. There is a request for authorization for 12 additional visits of physical therapy. He has not had physical therapy for two months now. The physical therapy was requested to help improve his strength and range of motion and help him achieve full functional restoration. He is on modified duty. An 8/20/14 document indicates that the patient notes ongoing pain in his right shoulder. He has had four additional visits of physical therapy authorized for the right shoulder. Examination of the right shoulder reveals improved range of motion. Forward flexion is to 150 degrees, external rotation is to 35 degrees, and abduction is to 90 degrees. There is slight weakness with rotation. There is mild impingement. Per documentation the patient was seen in therapy in March 2014 with flexion of 140, abduction of 100 and external rotation of 30. On 4/28/14, the patient had flexion of 140, abduction of 85 and external rotation of 45. It is noted the patient had 18 sessions of therapy. The provider indicated the patient has continued with a home program and in August, he has remained stable with evidence of flexion at 145-150, abduction to 85 and strength at 45

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Physical Therapy 3 times a week for 4 weeks to right shoulder is not medically necessary per the MTUS guidelines. The guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. The MTUS guidelines encourage independence towards a self-directed home exercise program. The documentation does not have documentation from the patient's physical therapy visits. The documentation indicates that the patient has had no significant functional improvement from March to April of 2014. Without significant functional improvement the request for physical therapy 3 times a week for 4 weeks to right shoulder is not medically necessary.