

Case Number:	CM14-0155919		
Date Assigned:	09/25/2014	Date of Injury:	09/23/2013
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of September 23, 2013. A Utilization Review was performed on September 11, 2014 and recommended for denial of 12 physical therapy sessions 3x/wk for 4 weeks, right shoulder. A Primary Treating Physician's Appeal dated August 4, 2014 identifies Subjective Findings of right shoulder symptoms are continuing to slowly improve with the aid of physical therapy and she completed 12 sessions of PT. Objective Findings identify right shoulder flexes 150, abducts 130, externally rotates 75 and internally rotates 50, extends 30. She has 4+ to 5-/5 strength in flexion as well as abduction, internal and external rotation. She has a positive Speed and O'Brien, mildly positive impingement I, and Hawkins. Impression identifies right shoulder supraspinatus tendinosis, right shoulder SLAP tear, and right shoulder pain. Treatment Plan identifies appeal physical therapy for the right shoulder for strengthening as well as range of motion exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions (three times a week for four weeks) for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES

Decision rationale: Regarding the request for 12 physical therapy sessions (three times a week for four weeks) for the right shoulder, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG supports 10 physical therapy sessions. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, physical therapy sessions already completed exceed guidelines. In light of the above issues, the currently requested 12 physical therapy sessions (three times a week for four weeks) for the right shoulder is not medically necessary.