

Case Number:	CM13-0068476		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2009
Decision Date:	07/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

The injured worker is a 65-year-old female who reported an injury on 09/01/2009. The mechanism of injury was noted within the documentation submitted for review as a slip and fall. A magnetic resonance imaging (MRI) dated 07/29/2013 noted an impression of considerable acromioclavicular (AC) joint synovitis and synovial hypertrophy, a complete tear of the supraspinatus tendon with a high-riding, articulating humeral head, and a few fascicles of the infraspinatus are retained but characterized by tendinopathy and intrasubstance delamination. Documented on the clinical note dated 11/14/2013, the injured worker complained of right shoulder pain at a 6/10, radiating to the bilateral upper extremities, with numbness and weakness of the right hand. The injured worker also complained of left ankle pain at a 6/10. Upon physical examination of the right shoulder, the documentation noted positive apprehension, Neer's and Hawkins signs. The documentation noted that the injured worker's diagnoses included status post arthroscopic repair, right shoulder times 2; re-tear, right shoulder; and status post Achilles tendon repair, left. Previous treatments included a right shoulder surgery, cortisone injections and physical therapy. The clinical note dated 11/14/2013 did not notate currently prescribed medications. The provider's request was for additional physical therapy for the right shoulder twice per week for 4 weeks. The Request for Authorization form dated 11/21/2013 was included within the documentation submitted for review. The rationale for the requested treatment plan was not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder, twice per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The request for additional physical therapy for the right shoulder twice per week for 4 weeks is not medically necessary. The injured worker has a history of right shoulder pain and has undergone right shoulder arthroscopic repair surgery. In addition, the documentation provided that the injured worker has attended postoperative physical therapy and stated it to be beneficial. The California MTUS Postsurgical Treatment Guidelines recommend that the postsurgical physical medicine treatment for the shoulder for arthropathy, unspecified, is 24 visits over 10 weeks. Within the documentation submitted for review, the injured worker was authorized for 12 physical therapy sessions from 08/21/2013 to 10/22/2013 and again, 12 physical therapy sessions from 10/15/2013 through 12/18/2013. However, there was a lack of documentation to indicate the number of sessions that the injured worker has attended. In addition, there is a lack of documentation indicating improved functional capacity within the number of physical therapy visits that has been attended. Also, there is a lack of documentation to indicate any current functional deficit that would warrant additional physical therapy sessions above the maximum recommendations. Based on the above noted, the request is not medically necessary.