

Case Number:	CM14-0175764		
Date Assigned:	10/29/2014	Date of Injury:	11/09/2013
Decision Date:	01/22/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine 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 57-year-old man with a date of injury of November 9, 2013. The mechanism of injury was not documented in the medical record. The current working diagnoses are right shoulder rotator cuff tear, right shoulder rotator cuff tendinitis; cervical strain; and upper back pain. The IW underwent right shoulder arthroscopy, subacromial decompression, distal clavicle incision, rotator cuff repair, and biceps tenodesis on March 31, 2014. Pursuant to the progress note dated September 23, 2014, the IW complains of neck pain that extends into his right shoulder with radiating symptoms. He notes spasm and tenderness in one specific trigger point. Examination of the right shoulder reveals impingement. There is weakness with external rotation and abduction. Forward flexion to 160 degrees, external rotation to 45 degrees, abduction to 90 degrees, and internal rotation is to 90 degrees. There is a noted tender spot. The IW was given a trigger point injection during the office visit. Current medications include Anaprox 55mg, Prilosec 20mg, Ultram ER 150mg, and Terocin patch. The IW had postoperative physical therapy totaling 27 visits per the documentation provided. There was no evidence of objective functional improvement associated with prior PT to the right shoulder. The current request is for physical therapy to the right shoulder and neck 3 times a week 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder and neck PT 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG-TWC- Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right shoulder and neck physical therapy three times a week for four weeks is not medically necessary. The patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The guidelines allow 24 visits over 14 weeks for arthroscopic surgery and 30 visits over 18 weeks for (open) surgical repair. See guidelines for additional details. In this case, the injured worker received 12 physical therapies sessions prior to undergoing arthroscopic surgery. The procedure was a right shoulder arthroscopy, subacromial decompression, distal clavicle incision, and rotator cuff repair and biceps tendonesis. Post procedure, an additional 12 physical therapy visits were authorized on March 28, 2014. On July 2, 2014 a third set of 12 physical therapy sessions were authorized. On August 12, 2013 an additional 12 physical therapy sessions were authorized, however, the utilization review physician reduced the number of sessions to #3. There is no documentation in the medical record indicating physical therapy was unsuccessful. There is no documentation indicating objective functional improvement in the medical record as a result of the 27 physical therapy sessions to the affected shoulder. Consequently, absent the appropriate clinical indication, clinical rationale and objective functional improvement with regards past physical therapy, additional physical therapy to the right shoulder and neck three times a week for four weeks is not medically necessary.