

Case Number:	CM14-0197013		
Date Assigned:	12/05/2014	Date of Injury:	05/01/2012
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

This is a gentleman who sustained a work related injury on 05/01/2012. The mechanism of injury has not been provided. Per the Treating Physician's Progress Report dated 10/20/2014, the injured worker reported right shoulder pain. He is status-post arthroscopic repair of a two tendon rotator cuff repair dated March 11, 2014. He reports that he is getting better slowly but has some residual weakness. Physical Examination revealed elevation to 110 degrees, abduction to about 60 degrees, and external rotation to about 20 degrees. External strength rotation is good, supraspinatus strength is good. Diagnoses included rotator cuff sprain/strain. The plan of care included physical therapy which was ordered on 10/20/2014. Work Status was temporary total disability. On 11/12/2014, Utilization Review non-certified a prescription for right shoulder physical therapy 2 times a week for 6 weeks based on lack of documented functional improvement with prior therapy. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff

Decision rationale: The requested Right Shoulder Physical Therapy 2 times a week for 6 weeks, is not medically necessary. Per American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has right shoulder pain. The treating physician has documented improved shoulder range of motion. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. The criteria noted above not having been met, Right Shoulder Physical Therapy 2 times a week for 6 weeks is not medically necessary.