

Case Number:	CM14-0198194		
Date Assigned:	12/08/2014	Date of Injury:	04/25/2013
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Interventional Spine 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 patient is a 67 year old female with the injury date of 04/25/13. Per physician's report 11/05/14, the patient has neck and shoulders, right greater than left. "[The patient's] right shoulder has significantly improved by manual therapy. She has had improved range of motion, decreased pain and has improved ability to perform her activities of daily living." "There is significant diminished tenderness to palpation along the course of the bicipital tendon." The patient is currently working with light duties. The lists of diagnoses are: 1) Compensatory cervicalgia, rule out radiculopathy- improved 2) Stage 3 impingement, right shoulder, S/P arthroscopic subacromial decompression with rotator cuff repair on 12/03/13 with persistent bicipital tendinopathy - capsulitis. The treator requested "additional 12 sessions of integrated manual therapy since this modality seems to be in particularly effective on decreasing her discomfort." Per 08/07/14 progress report, the patient shows decreased tenderness along the bicipital groove. Her active forward flexion is 150 degrees, abduction is 140 degrees and external rotation is 50 degrees. The utilization review authorized additional 6 sessions of physical therapy for the right shoulder on 05/29/14. The utilization review determination being challenged is dated on 11/12/14. Treatment reports were provided from 04/25/14 to 11/05/14.

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 a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99.

Decision rationale: The patient presents with pain in her neck and shoulders. The patient is s/p arthroscopic subacromial decompression with rotator cuff repair on 12/03/13. The request is for additional physical therapy for 12 sessions. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter 11/12/14 indicates that the patient has had 36 sessions of physical therapy in the past. The review of the reports indicates that the patient benefited from physical therapy with decreased tenderness over bicipital groove and increased right shoulder motion. However, it would appear that the patient has had adequate therapy. The treater does not explain why more therapy is needed and why the patient is unable to transition into a home program. The current request for 12 combined 36 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.