

Case Number:	CM14-0200518		
Date Assigned:	12/10/2014	Date of Injury:	07/30/2009
Decision Date:	02/25/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 07/30/2009. The date of the utilization review under appeal is 11/07/2014. The primary terminal diagnosis on an application for independent medical review is 354.0 or carpal tunnel syndrome. However, I note that a treating physician note of 10/27/2014 describes the diagnosis of persistent right shoulder pain with an MRI demonstrating a large partial-thickness tear of the supraspinatus tendon and a superior labrum tear with a paralabral cyst. In that note of 10/27/2014, the patient was seen in orthopedic followup with right shoulder pain since August 2009. The patient was noted to have pain with resisted shoulder abduction and some weakness and to have point tenderness below the insertion of the supraspinatus. A recent MRI arthrogram of the right shoulder was done on 09/19/2014 and showed a large partial-thickness tear involving the supraspinatus and also a severe labrum tear. The treating physician requested a course of physical therapy for the patient's shoulder as a trial option prior to considering arthroscopic surgery. An initial physician review notes that the medical records did not document the patient's previous treatment including response to prior physical therapy. The treating provider also notes that the request for 12 visits exceeds the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks to the right shoulder: Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 98, recommends that active therapy requires an internal effort by the individual to complete a specific exercise or task. A prior physician review concluded that the request for 12 sessions exceeds the treatment guidelines. However, the Medical Treatment Utilization Schedule does not provide a specific guideline for a combination of conditions in this case, such as a combination of a rotator cuff tear and labrum tear as identified in this case. The request at this time for 12 physical therapy sessions appears to be a reasonable extrapolation of the treatment guidelines for other less specific conditions. Moreover, a prior physician review concluded that the medical records did not discuss prior physical therapy attempts. However, the treating orthopedist note of 10/27/2014 discussed a very recent MRI arthrogram and initiated a treatment program specifically for this new MRI. In this situation, the request for physical therapy, including the rationale for this physical therapy prior to considering surgical intervention, is a reasonable extrapolation of the treatment guidelines and very much consistent with the principles of the guidelines to try to promote functional improvement and to avoid surgery if possible. The request, therefore, is supported by the treatment guidelines. Overall this request is medically necessary.