

Case Number:	CM14-0202857		
Date Assigned:	01/27/2015	Date of Injury:	06/30/2011
Decision Date:	03/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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: California

Certification(s)/Specialty: Internal Medicine

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 64 year old female sustained a work related injury on 06/30/2011. According to an Agreed Medical Re-examination dated 10/06/2014, the injured worker stated that the neck and upper back condition remained the same. She continued to have pain in the neck and right upper back. Neck pain radiated to the right shoulder and down the entire right arm into the hand. She also reported right upper extremity weakness since right shoulder surgery on 10/30/2013. Shoulder pain had diminished quite a bit since the last office visit. Shoulder pain radiated down the entire right arm to the hand. The left wrist was no longer painful. The left thumb improved a lot and was no longer as painful as it used to be. The injured worker reported that she could walk, stand and sit with no problem. She was able to lift a gallon of milk with the right hand but had to assist with the left hand and could not hold it longer than a few seconds or she would drop it. She could squat, kneel, climb stairs, walk on uneven ground, bend stoop, turn and twist with no problem. She was able to grip, grasp, squeeze, and do fine manipulation with the left hand. She had difficulty gripping, grasping, squeezing and doing fine manipulation with the right hand because of the right shoulder pain radiating down the entire right arm to the hand causing the right hand to be quite painful and weak. She was unable to open jars or heavy doors with the right upper extremity. She did no keyboarding. She was able to bathe and dress herself. She was able to brush/comb hair with the right hand but had to do so quickly because the entire right upper extremity would get tired and fatigue. On 11/14/2014, Utilization Review non-certified physical therapy shoulder 2 x 4. According to the Utilization Review physician, with the claimant's current functional capabilities and no complaints, she should transition to a home

exercise program and three additional sessions would be indicated to ensure a safe transition to home exercises. Guidelines cited for this review included CA MTUS ACOEM and Post-Surgical Physical Therapy Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2x4 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. Medical records indicate that the patient has received over 36 sessions of physical therapy post rotator cuff repair surgery performed on 10/30/13. The primary treating physician's progress report dated 11/21/14 documented right shoulder range of motion with 160 degrees with flexion and abduction. No functional improvement with past physical therapy visits were documented. The request for additional physical therapy visits is not supported by MTUS Postsurgical Treatment Guidelines. Therefore, the request for additional physical therapy visits is not medically necessary.