

Case Number:	CM14-0021092		
Date Assigned:	05/07/2014	Date of Injury:	05/27/2011
Decision Date:	06/11/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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, Indiana, New York
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:

The injured worker is a 59 year old male, who sustained an industrial injury on 5/27/11. He reported a low back and right shoulder injury. The injured worker was diagnosed as having aftercare for surgery of musculoskeletal system, complete rupture of right rotator cuff, lumbar disc displacement with myelopathy, lesion of sciatic nerve, rotator cuff syndrome, bursitis and tendinitis of shoulder and insomnia. Treatment to date has included right shoulder surgery on 7/25/12, post-operative physical therapy and activity restrictions. Currently, the injured worker complains of sharp, stabbing pain of right shoulder aggravated by lifting and using the arms overhead, constant moderate pain in lumbar spine and insomnia. Physical exam noted spasm and tenderness to bilateral lumbar paraspinal muscles from L1 to S1 and bilateral quadratus lumborum and spasm and tenderness to right upper shoulder muscles and right rotator cuff muscles. The treatment plan included recommendation for 12 sessions of physical therapy for right shoulder and prescriptions for Naprosyn and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x week x 4 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 27.

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, additional physical therapy three times per week times four weeks to the right shoulder is not medically necessary. 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). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; right shoulder acromioclavicular joint arthropathy; massive chronic retracted right shoulder rotator cuff tear; and 5.5 months status post right shoulder arthroscopy, rotator cuff repair. The request for authorization is dated January 16, 2015. A progress note dated January 8, 2014 indicates the injured worker status post rotator cuff repair on July 25, 2013. The injured worker has a VAS pain scale of 5/10. The utilization review indicates the injured worker received 35 authorized physical therapy sessions to the affected shoulder. There are no physical therapy progress notes in the medical record. The guidelines recommend 24 sessions of physical therapy for rotator cuff repair. There are no compelling clinical facts documented in the medical records indicating additional physical therapy is warranted. The injured worker received 35 authorized physical therapy sessions and should be well-versed in the exercises to engage in a home exercise program. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, physical therapy progress note and compelling clinical facts indicating additional physical therapy clinically warranted, additional physical therapy three times per week times four weeks to the right shoulder is not medically necessary.