

Case Number:	CM15-0000010		
Date Assigned:	01/09/2015	Date of Injury:	01/01/2005
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female, who sustained an industrial injury on January 1, 2005. The mechanism of injury is unknown. The diagnoses have included shoulder pain, entrapment neuropathy, extremity pain, elbow pain, carpal tunnel syndrome, ulnar neuropathy and lateral epicondylitis. Treatment to date has included physical therapy and medications. Currently, the injured worker complains radiating neck pain, bilateral upper extremity pain and right shoulder pain. She reported her pain with medications as a 5 on a 1-10 pain scale and without medications as a 7. She reports significant pain relief status post right shoulder surgery on August 6, 2014. On December 17, 2014, Utilization Review non-certified physical therapy for the right shoulder quantity of 12, noting the MTUS Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of physical therapy for the right shoulder quantity of 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder QTY: 12: Overturned

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

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

Decision rationale: The injured worker underwent revision of a rotator cuff repair of the right shoulder on 8/7/2014. California MTUS postoperative surgical guidelines recommend 24 visits over 14 weeks for a rotator cuff repair. The initial course of therapy is 12 visits and then with documentation of objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. The postsurgical physical medicine treatment period is 6 months. Utilization review authorized 8 initial sessions and 6 more out of the request for 12 on 12/3/2014. After completion of the 14 sessions, documentation of objective functional improvement was requested to determine medical necessity for further physical therapy. The physical therapy notes indicate the providers request to be slow and gentle with the exercise program. Physical therapy was started on 10/9/2014 and 7 visits were completed on 11/26/2014. 8 visits were completed on 12/3/2014. 9 visits were completed on 12/15/2014. On 12/18/2014 functional improvement was documented in carrying, moving and handling objects. She continued to have mild to occasionally moderate pain levels but was feeling better. Her physical therapy notes after 12/18/2014 have not been submitted. The disputed request pertains to a request for 12 physical therapy visits on 12/3/2014 at which time the injured worker had completed 8 visits. The instructions were to be slow and gentle with her range of motion and strengthening and so documentation of functional improvement was not submitted. Utilization review modified this request to 6 visits and then requested documentation of continuing functional improvement to authorize additional physical therapy. The requested 12 additional visits were within guidelines and would have made the total number of visits 20. The provider had requested slow physical therapy and so documentation of objective functional improvement was not available on 12/3/2014. Furthermore, one half of the general course of therapy had not been completed at that time. Based upon the above, the request was reasonable, appropriate and medically necessary.