MAXIMUS Federal Services

Case Number:	CM15-0003014		
Date Assigned:	01/14/2015	Date of Injury:	01/01/2011
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 65 year old female, who sustained an industrial injury on January 1, 2011. She has reported pain in the neck and shoulders, worse on the right than the left with radiating pain and numbness to the upper extremities as well as pain in the low back and was diagnosed with sprain of an unspecified site of the shoulder and upper arm, pain in the shoulder joint and rotator cuff sprain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy and pain medications. Currently, the IW complains of pain in the neck and shoulders, worse on the right than the left with radiating pain and numbness to the upper extremities as well as pain in the low back. The IW reported ongoing, chronic pain in the right shoulder worse than the left with radiating pain and numbness to the upper extremities, pain in the neck and pain in the low back. Magnetic resonance imaging of the right shoulder on January 10, 2014 revealed a massive rotator cuff tear with tendon retraction and marked atrophy. Physical therapy was ordered. Previous physical therapy was noted however the documentation did not provide objective evidence of the efficacy of the previous sessions. On June 16, 2014, it was noted she had reached maximal medical improvements. Periodic physical therapy, acupuncture therapy, medications and possible surgical intervention of the right shoulder was recommended for pain control. On December 16, 2014, Utilization Review non-certified a request for 8 physical therapy visits for the right shoulder, noting the MTUS, ACOEM Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of a request for 8 physical therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits for the Right Shoulder (2 times a week for 4 weeks): 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): 98-99.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain R>L radiating bilateral arm pain, lumbar spine pain, radiating into bilateral knees with tingling in her feet. The treater has asked for 8 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER 2 TIMES A WEEK FOR 4 WEEKS on 12/8/14 to improve ranges of motion, to reduce pain, and for strengthening. The patient is still unsure to move forward with surgery, so the treater has requested the physical therapy as another intervention in the meantime per 12/8/14 report. The patient had a right shoulder arthroscopy, subacromial decompression and rotator cuff repair on 2/27/12, with at least 16 sessions of physical therapy for the shoulder between 3/6/12 and 4/24/12 with unspecified benefit per 7/21/14 AME. The patient has not had any other physical therapy since 4/24/12. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, it has been more than a year since the most recent therapy sessions. The requested 8 sessions of physical therapy are reasonable for patient's ongoing shoulder symptoms. The request IS medically necessary.