

Case Number:	CM15-0006666		
Date Assigned:	02/12/2015	Date of Injury:	09/29/2014
Decision Date:	04/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old female who sustained an industrial injury on 09/29/2014 when she reached up to a pallet and felt a "pop" to her right shoulder and arm. She has reported pain of a level 8/10 in her right shoulder. Diagnoses include right shoulder massive rotator cuff tear, retraction, and biceps tear. To date, she has had conservative treatment consisting of physical therapy and medications. A progress note from the treating provider dated 11/25/2014 indicates positive impingement syndrome, positive Hawkins test, tenderness to greater tuberosity, and positive drop arm test. The sensory examination is intact. Forward elevation is 100 degrees, abduction is 90 degrees, internal rotation is 65 degrees, and external rotation is 70 degrees. The MRI of her right shoulder obtained 11/17/2014 shows a massive type full thickness rotator cuff tear involving the entire supraspinatus and infraspinatus components of the cuff. The treatment plan is for outpatient right shoulder arthroscopy, debridement, right shoulder subacromial decompression, possible rotator cuff repair of the right shoulder, preoperative chest x-ray, EKG, laboratory workup, purchase of cold unit and pad for post-op use for the right shoulder, purchase of shoulder immobilizer/sling for post op use for right shoulder, rental of CMP machine for post-op use for the right shoulder, and postoperative physical therapy right shoulder evaluation then at 3 times a week for 8 weeks (25 visits). Preoperative medical clearance examination prior to right shoulder surgery. On 12/09/2014, Utilization Review modified a request for Physical therapy right shoulder evaluation then at 3 times a week for 8 weeks (25 visits), to postoperative physical therapy 3 times a week for 4 weeks (12 visits) inclusive of a physical therapy right shoulder evaluation, noting the initial trial of therapy

includes one half of the number of visits specified in the general course of therapy for the specific surgery The MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder evaluation then at 3 times a week for 8 weeks (25 visits):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks. Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for evaluation and 24 visits is not appropriate. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for an initial trial of therapy 3 times a week for 4 weeks.