

Case Number:	CM15-0102890		
Date Assigned:	06/05/2015	Date of Injury:	07/03/2008
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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, 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 70 year old male who sustained a work related injury July 3, 2008. Past history included non-insulin dependent diabetes, adrenal insufficiency and chronic kidney disease. According to a treating physician's progress notes, dated April 1, 2015, the injured worker complained of pain at the back of his neck, down into his elbow, rated 5/10. On examination he is tender over his AC (acromioclavicular) joint and had pain with cross-body adduction. He elevates to 160 degrees, external rotates to neutral, and internally rotates to his buttocks. The neck is stiff in all motions and has pain at the trapezius. The cuff strength is good; elbow has a prominent tip of his olecranon and weakness of his triceps. Diagnosis is documented as right shoulder pain. Treatment plan included a request for a right shoulder subacromial decompression, distal clavicle resection, and biceps tenodesis. At issue, is the request for authorization for post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 12 sessions for the right shoulder 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, postoperative physical therapy 12 sessions to the right shoulder two times per week times six weeks 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, union worker's working diagnosis is right shoulder pain. The date of injury is July 3, 2008. Medical record contains 39 pages. The request for authorization is dated April 16, 2015. The request for authorization contains a request for right shoulder arthroscopy and postoperative physical therapy two times per week time six weeks plus additional modalities. There is no magnetic resonance imaging scan in the medical record stating surgical issues exist in the right shoulder. There is no date in the medical record for scheduled right shoulder arthroscopy. According to the April 1, 2015 progress note, the injured worker has pain in the neck that radiates to the elbow for the pain scale of 5/10. The shoulder is mildly tender over the AC joint and nontender over the SC joint. The injured worker elevates the arm 160, externally rotates to neutral and internally rotates to the buttocks. There is insufficient documentation in the medical record indicating a right shoulder arthroscopy is clinically indicated and, as a result, postoperative physical therapy is clinically warranted. Additionally, the guidelines recommend a six visit clinical trial. The treating provider requested 12 physical therapy sessions in excess of the recommended visit clinical trial. Consequently, absent clinical documentation with detailed subjective and objective findings of the right shoulder, an MRI of the right shoulder with a scheduled surgery date for the right shoulder (anticipated surgery), postoperative physical therapy 12 sessions to the right shoulder two times per week times six weeks is not medically necessary.