

Case Number:	CM15-0134368		
Date Assigned:	07/22/2015	Date of Injury:	02/12/2014
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/11/2015

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, Hawaii
 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 is a 53-year-old male who sustained an industrial injury on 2/12/14. He had complaints of right shoulder and low back pain. Treatments include: medication, physical therapy, chiropractic care, and surgery. Progress report dated 6/19/15 reports persistent right shoulder pain and stiffness. Diagnoses include: status post arthroscopic debridement and rotator cuff repair right shoulder and contracture of right shoulder. Plan of care includes: refer to primary care physician for right lower quadrant pain, recommend another qualified medical exam, request for further physical therapy for right shoulder, home exercises were taught. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient has low back pain, ongoing right shoulder pain, and dysfunction. The current request is for Physical Therapy 2x week x 4 weeks, right shoulder. The CA MTUS Post-surgical guidelines allow the following for Rotator cuff syndrome/ Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, records indicate the patient had surgery of the right shoulder on August 28, 2014. He had 12 initial physical therapy sessions through 11/24/14, which records indicate, caused more pain. He then received intra-articular injections on March 4, 2015, which seemed to benefit the patient. The attending physician report dated 6/10/15, page 165 (b), indicates the patient has completed 37 sessions of post-operative physical therapy to date and continues to complain of shoulder pain and decreased function. There is nothing in the medical records, which provides evidence of increased functional benefit to the patient from the previous 37 visits to date. The current request greatly exceeds the MTUS post-surgical recommendations and the patient is outside of the post- surgical time frame. The MTUS guidelines for physical medicine allow 8-10 sessions of physical therapy for myalgia and neuritis type conditions. There is no documentation of new injury or exacerbation that would require additional physical therapy. The patient should have been transitioned to a home exercise program during his post-operative physical therapy treatments. The current request is not medically necessary.