

Case Number:	CM15-0139839		
Date Assigned:	07/29/2015	Date of Injury:	03/30/2000
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 77 year old female who sustained an industrial fall injury on 03/30/2000. The injured worker has a medical history of gastritis. The injured worker was diagnosed with a full thickness rotator cuff tear of the right shoulder, subacromial subdeltoid bursitis, proximal biceps tendinitis, adhesive capsulitis, degenerative labral tear, and chondromalacia of the glenohumeral joint and. No surgical interventions were rendered. Treatment to date has included diagnostic testing, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience right shoulder pain. The injured worker rates her pain level at 7 out of 10. The pain improves slightly with rest, heat and anti-inflammatory topical medications. Examination of the right shoulder demonstrated right infraspinatus atrophy and motor strength of 4 out of 5 on forward flexion and abduction strength. Internal and external rotation range of motion was noted at 4 out of 5. The joint was stable with a positive Hawkins test. The injured worker would like to exhaust all conservative measures prior to a reverse shoulder arthroplasty. Current medications are listed as Tramadol, Meloxicam and Omeprazole. The injured worker is retired and remains on temporary total disability (TTD). Treatment plan consists of continuing with medication regimen and the current request for physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, right shoulder: Upheld

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: CA MTUS states that active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and alleviation of pain. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines indicate that treatment for a rotator cuff injury may include up to 10 visits over 8 weeks. In this case, the patient has already received 12 prior PT sessions with improvement and it is unclear why she cannot perform a home exercise program. The patient's problem appears to be surgical in nature, so PT will not provide any long-term benefit. In addition the request for 12 sessions exceeds the guideline recommendation of 10. Therefore, this request is not medically necessary or appropriate.