

Case Number:	CM15-0141264		
Date Assigned:	07/29/2015	Date of Injury:	03/13/2014
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 52 year old female, who sustained an industrial injury, March 13, 2014. The injured worker previously received the following treatments right shoulder arthroscopic surgery on July 22, 2014, right shoulder MRI, right shoulder injection in January of 2015 and home exercise program. The injured worker was diagnosed with right shoulder arthroscopic surgery July 22, 2014. According to progress note of March 13, 2015, the injured worker's chief complaint was right shoulder pain and decreased range of motion. The injured worker complained of stiffness and achiness of the right shoulder. The injured worker was also having numbness and tingling radiating down the arm with regard to some neck pain from the beginning. The physical exam noted the forward flexion was limited to 120 degrees. The active range of motion was 170 degrees and external rotation was 50 degrees. The right shoulder incisions were completely healed. The Hawkin's was mildly positive. The Neer's and Obrien's testing were negative. According to the progress noted of January 30, 2015 the injured worker was still not able to start physical therapy. The treatment plan included 1 physical therapy for 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 two (2) times per week for four (4) weeks for the Right Shoulder:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Online Version), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with RIGHT shoulder pain. The request is for physical therapy two (2) times per week for four (4) weeks for the right shoulder. The request for authorization is not provided. The patient is status post RIGHT shoulder arthroscopy, 07/22/14. Physical examination of the RIGHT shoulder reveals incisions are completely healed. Range of motion is decreased. Mildly positive Hawkins exam. She complains of some decreased strength with fingers. Per progress report dated 03/13/15, the patient is on light duty. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 03/13/15, treater's reason for the request is "for continued range of motion and strengthening." The patient is status post RIGHT shoulder arthroscopy, completed 24 visits of post-op physical therapy, and is now outside the post-operative time frame. However, given the patient's condition, a short course of physical therapy would be indicated. Review of provided medical records show no evidence of prior non post-op physical therapy visits. MTUS allows 8-10 visits of physical therapy for non post-op conditions. The request for 8 visits of physical therapy appear to be reasonable and within MTUS guidelines. Therefore, the request IS medically necessary.