

Case Number:	CM15-0142364		
Date Assigned:	08/03/2015	Date of Injury:	12/09/2013
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 23 year old male, who sustained an industrial injury on 12-9-2013. He reported right neck pain, right suprascapular pain and right pectoral pain. Diagnoses have included right shoulder impingement syndrome. Treatment to date has included physical therapy, acupuncture, cervical epidural steroid injection, magnetic resonance imaging (MRI) and medication. The injured worker underwent right shoulder surgery on 3-3-2015. According to the physician progress report dated 4-2-2015, the injured worker had completed eight sessions of physical therapy. The physician progress reports were hand-written and difficult to decipher. Per the physical therapy progress report dated 6-3-2015, the injured worker complained of pain rated six and one half out of ten. He had received 22 sessions of physical therapy. He demonstrated improved strength of the right shoulder. He demonstrated upper extremity and postural exercises correctly. All short-term goals had been met. Per the physician progress report dated 6-30-2015, the injured worker complained of increased right shoulder pain. Authorization was requested for additional post-operative 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:

Additional Post Op Physical Therapy right shoulder (visits) QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder, physical therapy.

Decision rationale: This claimant was injured in 2013 with a right shoulder impingement syndrome. Treatment to date has included physical therapy, acupuncture, cervical epidural steroid injection, magnetic resonance imaging (MRI) and medication. The injured worker underwent right shoulder surgery on 3-3-2015 and completed eight sessions of physical therapy as of April 2015. As of June there had been 22 sessions of physical therapy. All short-term goals had been met. Per the physician progress report dated 6-30-2015, however, the injured worker complained of increased right shoulder pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. For post surgical shoulder physical therapy, the ODG-TWC guidelines cite: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Rotator cuff syndrome: Post-surgical treatment: 24 visits over 14 weeks. The patient has reached the amount of therapy normally suggested for this condition in the evidence-based guides with no documentation in the clinical records as to why the patient would need more than usual skilled therapy care. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist, but rather through the active, independent home exercise program advocated by the evidence-based guidelines. Also, further assessment may be reasonable to determine why the patient is not responding. This request however for more skilled, monitored therapy was not medically necessary.