

Case Number:	CM15-0146112		
Date Assigned:	08/06/2015	Date of Injury:	04/30/2012
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 is a 38 year old male, who sustained an industrial injury on 04-30-2012. He has reported injury to the neck and right shoulder. The diagnoses have included right shoulder pain; trapezial and paracervical strain; bilateral carpal tunnel syndrome; right rotator cuff tear; and status post right rotator cuff repair with excision of the distal clavicle, on 03-31-2015. Treatment to date has included medications, diagnostics, shoulder immobilizer, physical therapy, and surgical intervention. Medications have included Percocet and Mentherm Gel. A progress note from the treating physician, dated 06-30-2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports his pain and mobility are slowly improving with therapy; and he received authorization for pain management. Objective findings included there is a slight stiffness in the right shoulder with some pain at the extremes of motion; there is slightly decreased range of motion of the cervical spine with some pain; there is slight trapezial and paracervical tenderness; and the Tinel's sign and Phalen's test are positive at the carpal tunnels bilaterally. The treatment plan has included the request for physical therapy 2 times a week for 6 weeks to the right shoulder and cervical spine.

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 to the right shoulder and cervical spine:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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 38 year old patient is status post right rotator cuff repair with excision of the distal clavicle on 03/31/15, as per the operative report. The request is for physical therapy 2 times a week for 6 weeks to the right shoulder and cervical spine. There is no RFA for this case, and the patient's date of injury is 04/30/12. As per progress report dated 06/30/15, the patient complains of slight stiffness in the right shoulder with some stiffness at extremes of motion, slightly decreased range of motion of the cervical spine with some pain, and slight trapezial and paracervical tenderness. Diagnoses included trapezial and paracervical strain and bilateral carpal tunnel syndrome. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines, Physical Medicine section at pages 98 to 99, state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for shoulder rotator cuff repair process. The post-operative time frame is 6 months. In this case, the patient is status post right rotator cuff repair with excision of the distal clavicle on 03/31/15, as per the operative report, and is within the post-operative time frame. In progress report dated 05/12/15, the treater states that the patient has not had any post-operative PT due to authorization delays and recommends 12 sessions of therapy. In the subsequent report dated 06/30/15, the treater states that physical therapy records documenting ongoing progress with therapy were reviewed, indicating that the patient started the 12 sessions of physical therapy in the interim. The Utilization Review denial letter also states that the patient has had 12 sessions of PT. The treater is requesting for 12 additional sessions in progress report dated 06/30/15 to "work on range of motion, modalities and strengthening." While the treater does not document impact of ongoing/prior PT on the patient's pain and function, MTUS allows for 24 sessions of PT to patients undergoing rotator cuff repair. The treater's current request for 12 additional sessions falls within that range, and IS medically necessary.