

Case Number:	CM15-0146246		
Date Assigned:	08/07/2015	Date of Injury:	02/28/2014
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
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 47-year-old female, who sustained an industrial injury on February 28, 2014, incurring right shoulder, right elbow and right hip injuries after a fall. Magnetic Resonance Imaging of the right shoulder revealed a full thickness tear with tendinosis and rotator cuff impingement. She was diagnosed with right cervical radiculopathy, a right shoulder impingement syndrome, right rotator cuff tear, right acromioclavicular degenerative joint disease, right lateral epicondylitis and right greater trochanter bursitis. Treatment included pain medications, physical therapy, chiropractic sessions and bracing. Currently, the injured worker complained of cervical pain on the right side with numbness radiating down the right arm to the right elbow. She had persistent pain in the right shoulder with limited range of motion. The treatment plan that was requested for authorization included physiotherapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 x week x 6 weeks, right shoulder (18 visits): Upheld

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

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

Decision rationale: The 47 year old patient presents with neck pain, rated at 6/10; right shoulder pain, rated at 6-7/10; right elbow pain, rated at 6/10; lower back pain, rated at 5/10; and right greater trochanter pain, rated at 5/10; as per progress report dated 06/17/15. The request is for physiotherapy 3 x week x 6 weeks, right shoulder (18 visits). There is no RFA for this case, and the patient's date of injury is 02/28/14. Diagnoses, as per progress report dated 06/17/15, included right cervical radiculopathy, right shoulder impingement syndrome vs. rotator cuff tear, right AC joint degenerative joint disease, right lateral epicondylitis, right L5-S1 facet arthropathy vs. sacroiliac joint dysfunction, and right greater trochanter bursitis. Medications included Tramadol and Metformin. 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 arthroscopy process. The post- operative time frame is 6 months. In this case, the request for 18 sessions of physical therapy is first noted in progress report dated 02/09/15 and in progress report dated 06/17/15. The treater is also requesting for the authorization of right shoulder arthroscopy and the request for PT is associated with this surgical intervention. While MTUS allows for up to 24 sessions of PT for shoulder arthroscopy, Letter for Medical Necessity dated 07/16/15 (after the UR denial date), states that the surgery was denied. Consequently, the request for physical therapy is not medically necessary as well.