

Case Number:	CM15-0147948		
Date Assigned:	08/10/2015	Date of Injury:	12/24/2013
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
 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 73-year-old female, who sustained an industrial injury on 12-24-2013. She reported a fall at work, landing on both knees and injuring her right shoulder. The injured worker was diagnosed as having rotator cuff (capsule) sprain. Treatment to date has included diagnostics, modified work, and unspecified physical therapy. Magnetic resonance imaging of the right shoulder was documented to show rotator cuff tear with some retraction. She was offered the option of surgery but declined for physical therapy, which she stated did help her. Physical therapy progress notes were not submitted. Current medication regimen was not noted. Currently, the injured worker complains of pain in her right shoulder and limited range of motion. She reported that her knees were slowly getting worse and had to use a cane. Her pain was not rated. The treatment plan included physical therapy for the right shoulder, 2 x 6, for rotator cuff and scapular stabilizing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Physical therapy 2 x 6 for the right shoulder. The treating physician report dated 7/2/15 (27B) states, "The patient would benefit by having physical therapy on the right shoulder twice a week for rotator cuff and scapular stabilizing." The report goes on to state, "For the shoulder, the patient has documented rotator cuff tear involving the supra and infraspinatus, but states that she does not want the surgery but would consider having physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.