

Case Number:	CM15-0162116		
Date Assigned:	08/28/2015	Date of Injury:	04/10/2014
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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 61-year-old male with an industrial injury dated 04-10-2014. His diagnoses included right shoulder full thickness retracted rotator cuff tear, status post right shoulder rotator cuff repair 03-06-2015, and left shoulder pain secondary to compensatory factors. Prior treatment included surgery, physical therapy and medications. He presents on 05-01-2015 for follow up with persistent pain in the right shoulder rated as 6 out of 10, which was improving with physical therapy. He was also complaining of pain in the left shoulder, which he rated as 5 out of 10. He was taking Tylenol # 3 six times a day, which helped bring his pain from 6 to 2-3 out of 10 and allowed him to do activities of daily living. He had done 6 out of 12 physical therapy sessions with increased range of motion. He was currently not working. Examination of the right shoulder revealed slight increased range of motion. Neurovascular status was intact distally. The treatment plan consisted of completing the remaining six sessions of post-operative physical therapy to the right shoulder and a request for additional physical therapy to the right shoulder. Treatment request is for 12 sessions of post-operative physical therapy 2 times a week for 6 weeks for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative physical therapy 2 times a week for 6 weeks for right shoulder: Upheld

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

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 was injured on 04/10/14 and presents with right shoulder pain. The request is for 12 sessions of post-operative physical therapy 2 times a week for 6 weeks for right shoulder. The RFA is dated 07/22/15 and the patient is not working. The patient underwent a right shoulder rotator cuff tear repair on 03/06/15. MTUS Post-surgical Guidelines, Shoulder, pages 26-27 recommend 24 visits over 14 weeks for a rotator cuff syndrome/Impingement syndrome. The post-surgical time frame is 6 months. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The 06/05/15 report states that the patient "completed the first 12 sessions of physical therapy with increased range of motion and decreased pain." He rates his pain as a 7/10 and "it is improving with postop physical therapy." The 07/07/15 report states that "due to persistent pain and still decreased range of motion and function, I would like to request additional post-operative physical therapy" to increase function and decrease his pain in an attempt to transition to home exercise program and in attempt to get the patient to work with at least restrictions. In this case, the patient is still within 6-month postoperative treatment period from UR date of 07/30/15. The utilization review denial letter states that the patient has had 24 sessions of post-operative therapy to date. An additional 12 sessions to the 24, session the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the requested physical therapy is not medically necessary.