

Case Number:	CM15-0163959		
Date Assigned:	09/01/2015	Date of Injury:	05/31/2013
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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 58 year old female, who sustained an industrial injury on May 31, 2013. She reported neck, right shoulder, right hand, right wrist and right hip pain. The injured worker was diagnosed as having a shoulder sprain-strain. Treatment to date has included MRI, surgery, medication, x-rays and physical therapy. Currently, the injured worker complains of headaches, neck pain and bilateral shoulders and upper arms pain that is associated with stiffness, weakness, numbness and tingling in her arms and hands. Her pain is rated at 4-6 on 10. The pain interferes with her ability to function and engage in activities of daily living. The injured worker is currently diagnosed with post right rotator cuff repair and frozen right shoulder. Her work status is temporary total disability. A progress note dated May 4, 2015 states physical therapy, post injury, provided temporary relief. A progress note dated June 15, 2015, states the injured worker continued to experienced right shoulder pain after surgical intervention. A physical therapy evaluation, after eleven sessions and dated June 12, 2015, states the injured worker is engaged in treatment and is making significant gains in range of motion; however, her strength has not improved. A note dated July 7, 2015 states the pain is relieved by medication (Tylenol) and morning shower. Physical therapy 3 times a week for four weeks for the right shoulder is requested to improve function and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the right shoulder: Upheld

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

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

Decision rationale: According to an orthopedic consultation report dated 7-7-15, the patient has ongoing complaints of bilateral shoulder pain, bilateral upper arm pain along with numbness, tingling and weakness in the arms and hands. The current request is for Physical Therapy 3 x 4 for the right shoulder. According to the attending physician report dated 7-7-15, page (298 c), the patient now has "frozen shoulder" and the physician would like to get authorization for physical therapy following the MUA so as not to lose any of the benefits of increased range of motion gained following the manipulation under anesthesia. The MTUS guidelines indicate that for continued physical therapy, objective functional benefit should be documented to substantiate the need for ongoing therapy. As it currently stands, the available records may establish the need for MUA and therefore the need for post-operative physical therapy. However, the request for 12 sessions exceeds the MTUS guidelines of 9-10 sessions. As stated above, additional physical therapy beyond this may be indicated if objective documentation is provided which indicates significant functional improvement. The current request of 12 sessions exceeds the MTUS guidelines and therefore is not medically necessary.