

Case Number:	CM15-0180756		
Date Assigned:	09/22/2015	Date of Injury:	01/03/2014
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This is a 62 year old male with a date of injury on 1-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for severe impingement syndrome right shoulder with possible rotator cuff tear with adhesive capsulitis and lumbosacral sprain-strain. According to the progress reports dated 6-16-2015 to 8-6-2015, the injured worker complained of right shoulder pain and tightness. He reported limited reaching and difficulty with grooming and dressing. The physical exam (8-6-2015) revealed "right shoulder range of motion FF90, Ext25, Abd 80, ER15, IR30." Treatment has included right shoulder surgery (10-8-2014), 12 physical therapy visits since rotator cuff repair surgery and medications (Norco and Ambien). The original Utilization Review (UR) (9-1-2015) denied a request for 12 visits of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with right shoulder pain with tightness and low back pain into buttocks. The request is for 12 visits of physical therapy, right shoulder. The request for authorization is not provided. The patient status post right shoulder arthroscopy, SAD/ RCR, 10/08/14. MR Arthrogram of the right shoulder, 06/01/15, shows status post resection of the distal clavicle and acromioplasty; status post supraspinatus repair with single anchor, repair is thin but appears to be intact; status post tenotomy and tenodesis of the biceps tendon. Physical examination of the right shoulder reveals tender rotator cuff footprint, painful range of motion. Patient had S1 nerve block with no benefit. Tried a TENS unit with relief. Patient's medications include Norco, Naproxen, Salonpas, and Ambien. Per progress report dated 08/06/15, the patient is to remain off work. MTUS post-surgical guidelines, pages 26-27, Shoulder Section recommends: "Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months" MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 08/06/15, treater's reason for the request is "for adhesive capsulitis." In this case, the patient is now outside the postsurgical treatment period. But patient continues with right shoulder pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the request for 12 sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.