

Case Number:	CM15-0184246		
Date Assigned:	09/24/2015	Date of Injury:	02/23/2015
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 62 year old female who sustained an industrial injury on 2-23-15. The assessment noted is a right shoulder partial thickness rotator cuff tear. Previous treatment includes medication and physical therapy. In a progress report dated 6-16-15, pain is rated at 5-9 out of 10. It is noted she has been taking Tylenol for pain and has had 12 sessions of physical therapy. The right shoulder remains painful and limiting. Ultracet and Mobic were prescribed. In a progress report dated 7-28-15, the physician notes the right shoulder is slowly improving with conservative therapy. She has used anti-inflammatory treatment. The physical exam notes left shoulder elevation of 160 and right shoulder of 150. Palpation of the greater tuberosity reveals positive Neer's and Hawkins impingement signs. The plan is to extend physical therapy twice a week for 6 weeks to continue to work on range of motion and strengthening of the shoulder. It is noted this will help avoid additional surgery. Work status is modified duty. The requested treatment of physical therapy 2 times a week for 6 weeks- right shoulder and upper arm, #12 was denied on 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week X 6 weeks Right Shoulder/Upper Arm # 12: 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.

Decision rationale: The patient presents with pain in the low back, right shoulder, right elbow, and right knee. The request is for Physical Therapy 2x week X 6 weeks Right Shoulder/Upper Arm #12. Per 07/25/15 Request for Authorization, patient's diagnosis includes shoulder/upper arm strain. Patient's medication per, 07/29/15 progress report include Ultracet and Mobic. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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." The treater does not discuss this request. The patient continues with pain in the right shoulder. Review of the medical records provided indicates that the patient has completed 12 sessions of physical therapy. However, there is no documentation in regards to functional improvement and pain reduction from prior therapy. MTUS guidelines allow up to 10 sessions of physical therapy for this patient's condition and the requested 12 sessions, in addition to prior therapy exceeds what is allowed by the guidelines. Therefore, the request is not medically necessary.