

Case Number:	CM15-0184456		
Date Assigned:	09/24/2015	Date of Injury:	02/25/2015
Decision Date:	10/30/2015	UR Denial Date:	09/16/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female with an industrial injury date of 02-25-2015. Medical record review indicates she is being treated for partial thickness right shoulder rotator cuff tear. Subjective complaints (05-15-2015) included "constant, sharp pain" in the right shoulder with pain in the biceps. "She has pain with reaching overhead and lying on her right side." She has not worked since 03-03-2015. In the 05-14-2015 treatment note work status is documented as "temporary totally disabled." Prior treatments are documented as steroid injection ("greater than 50% pain relief) and 5 visits of physical therapy. On 08-06-2015 the physical therapy notes documents: "Physical therapy is discontinued due to the patient transferring to another facility." "Patient demonstrated fair-good progress in physical therapy as she reported short term improvements in pain levels after each visit and slightly improved right shoulder range of motion." MRI of the right shoulder (04-04-2015) was read by the radiologist as: (1) Low grade partial thickness articular surface tear "wear phenomenon" involving the anterior infraspinatus tendon and conjoined portion of the rotator crescent, approximately 2 mm in depth, sparing the rotator cable and foot print; (2) Fluid tracking between minimally delaminated anterior infraspinatus tendon fibers without intramuscular ganglion formation; (3) Moderately severe supraspinatus tendinosis; (4) MRI findings suggesting the clinical syndrome of impingement; (5) Longitudinal split tear involving the intra articular and extra articular segments of the long biceps tendon with intact biceps anchor; (6) No labral tear. Physical exam (05-15-2015) revealed tenderness of the anterior shoulder, subacromial and biceps. Right shoulder range of motion was documented as: Extension 60 degrees, abduction 130 degrees, adduction 50 degrees, flexion 100

degree, internal rotation 80 degree and external rotation 90 degree. Grip strength (Jamar Dynamometer) is documented as: Right 14-14-12 kg and left 28-28-28 kg. Impingement sign of right shoulder was positive. Deep tendon reflexes were documented as 2 plus and sensation was documented as intact. The request for authorization (06-08-2015) is for physical therapy for the right shoulder quantity: 12. On 09-16-2015 the request for physical therapy for the right shoulder quantity: 12 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for right shoulder pain with impingement and a partial rotator cuff tear. When seen, there had been some relief after a corticosteroid injection. Arthroscopic surgery was being considered. She was restricted from right upper extremity use at work. Authorization for 12 physical therapy treatments was requested. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the number of visits being requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not considered medically necessary.