

Case Number:	CM15-0189511		
Date Assigned:	10/01/2015	Date of Injury:	07/30/2002
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 7-30-2002. Medical records indicate the worker is undergoing treatment for right shoulder surgery, acute on chronic right shoulder pain, frozen right shoulder and rule out recurrent rotator cuff tear-status post previous rotator cuff repair. A recent progress report dated 8-25-2015, reported the injured worker complained of post-surgical recurrent right shoulder pain. Physical examination revealed right shoulder tenderness over the greater tuberosity with abduction and forward flexion of 30 degrees, internal rotation of 60 degrees and external rotation of 80 degrees. Treatment to date has included surgery, physical therapy (unknown # of sessions), Diclofenac XR and Omeprazole. On 9-10-2015, the Request for Authorization requested 18 sessions of physical therapy for the right shoulder. On 9-21-2015, the Utilization Review modified the request for 18 sessions of physical therapy to the right shoulder to 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute & chronic).

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

Decision rationale: In this case, the date of injury was 7/30/2002, the patient suffering a right shoulder injury. The patient had an unknown number of prior physical therapy (PT) treatments. The patient underwent right shoulder surgery and now has post-operative right shoulder pain. The request is for PT 3 times/week for 6 weeks to the right shoulder. Guidelines support up to 10 sessions to treat impingement syndrome and rotator cuff tears. Guidelines also support starting with a 6-session trial to determine compliance and efficacy of the supervised exercise therapy and support education by the therapist in a home exercise program. The patient is being treated for rotator cuff impingement in the right shoulder and possible rotator cuff tear, so up to 10 PT sessions is appropriate according to guidelines. The request for 18 sessions exceeds guidelines and is therefore not medically necessary or appropriate.