

Case Number:	CM15-0202948		
Date Assigned:	10/19/2015	Date of Injury:	03/31/2014
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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:

This 60-year-old male sustained an industrial injury on 3-31-14. Documentation indicated that the injured worker was receiving treatment for rotator cuff tear status post repair, lumbar spondylolisthesis with stenosis and left plantar fasciitis. The injured worker underwent open repair of right rotator cuff on 11-10-14. The injured worker received postoperative physical therapy. The number of postoperative physical therapy sessions was unclear. In a PR-2 dated 5-5-15, the injured worker complained of ongoing right shoulder pain and weakness. Physical exam was remarkable for right shoulder with pain and weakness elicited when testing the supraspinatus tendon against resistance and right shoulder range of motion: forward flexion 170 degrees, abduction 80 degrees and external rotation 80 degrees. The treatment plan included eight additional sessions of physical therapy for the right shoulder. In a PR-2 dated 8-27-15, the injured worker complained of ongoing right shoulder pain and stiffness. Physical exam was remarkable for right shoulder with slight reproducible weakness when testing the supraspinatus tendon against resistance and right shoulder range of motion forward flexion 170 degrees, abduction 80 degrees and external rotation 80 degrees. The treatment plan included requesting eight additional postoperative physical therapy sessions for the right shoulder. On 9-30-15, Utilization Review noncertified a request for EXT P-O physical therapy right shoulder, eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O Physical Therapy Right Shoulder, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.