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| Case Number: | CM15-0203054 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 05/25/2010 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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, Hawaii

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 56 year old, female who sustained a work related injury on 5-25-10. A review of the medical records shows she is being treated for bilateral shoulder pain. In progress notes dated 9-10-15 and 9-16-15, the injured worker reports constant pain and weakness in right shoulder that is becoming "worse" causing headache at rest. She cannot go above horizontal line with right arm. On physical exam dated 9-10-15, she has marked atrophy of the deltoids, more on the right than the left. She has marked decrease of range of motion in the right shoulder. Impingement is noted on the right at 90 degrees. Treatments have included right shoulder surgery dated 4-30-15, 32 physical therapy sessions, and home exercises. Current medications include none. She is temporarily disabled. The treatment plan includes a request for physical therapy. The order request dated 9-16-15 has an order for physical therapy 3 x 4. In the Utilization Review dated 9-30-15, the requested treatment of physical therapy 3 x 4 to right shoulder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 4Wks for the right shoulder (12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The records indicate the patient has ongoing bilateral shoulder pain and is status-post right and left shoulder surgery. The current request is physical therapy 3x a week for 4 weeks for the right shoulder (12). The attending physician report dated 9/10/15, page (144b), states "physical therapy will be indicated for the right shoulder up to 12 visits." The CA MTUS guidelines do recommend physical therapy for shoulder injuries, at a decreasing frequency, with a transition into independent home-based exercise. The CA MTUS does recommend for myalgia and myositis unspecified: 9-10 visits over 8 weeks. In this case, the patient underwent open reconstruction using arthroflex and subacromial decompression of the right shoulder on 11/14/14. The records indicate the patient had 32 physical therapy sessions. After the patient underwent left shoulder surgery on 4/30/15, she began to have increasing right shoulder pain. While the patient may be a candidate for additional physical therapy for the right shoulder, the current request for 12 sessions exceeds the 10 visits recommended by MTUS guidelines. As such, the current request is not consistent with guidelines and is not medically necessary.