

Case Number:	CM15-0203689		
Date Assigned:	10/20/2015	Date of Injury:	06/20/2014
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old female who sustained an industrial injury on 6-20-2014. A review of medical records indicates the injured worker is being treated for status post arthroscopy with rotator cuff repair, subacromial decompression and superior labral and proximal biceps tendon debridement, improving right shoulder, post-operative stiffness, right shoulder and right hand, improved, and complex regional pain syndrome. Medical records dated 7-23-2015 noted right shoulder pain with weakness. Physical examination noted the shoulder AFE was to 85 degrees, while laying supine AAFE is to 120 degrees, ER to 30 degrees. Treatment has included surgery and at least 8 visits of physical therapy. Utilization review form dated 10-9-2015 noncertified 6 sessions of physical therapy for treatment of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions of physical therapy to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post arthroscopy with rotator cuff repair, subacromial decompression and superior labral and proximal biceps tendon debridement improving; postoperative stiffness right shoulder and right hand; and complex regional pain syndrome. Date of injury is June 20, 2014. Request for authorization is September 24, 2015. The injured worker is status post arthroscopic surgery dated December 2, 2014. The documentation indicates the injured worker received pre-surgical physical therapy #23 sessions. According to the most recent physical therapy, progress note (post surgery) dated September 10, 2015; the injured worker received #45 sessions of physical therapy. The total number of postoperative physical therapy sessions is 23 in number. The most recent provider progress note is dated August 13, 2015. There is no contemporaneous clinical progress note documentation on or about the date of request for authorization September 24, 2015. The documentation indicates the injured worker is improving with significant improvement in range of motion. The treating provider in this progress note is requesting an additional eight sessions of physical therapy. The present request in the RFA is for six sessions of physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization, no documentation of objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, six sessions of physical therapy to the right shoulder is not medically necessary.