MAXIMUS Federal Services

Case Number:	CM15-0205186		
Date Assigned:	10/22/2015	Date of Injury:	12/10/2010
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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
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 60 year old male, who sustained an industrial injury on 12-10-10. The injured worker is diagnosed with right shoulder impingement syndrome, right shoulder bursitis, shoulder pain, shoulder stiffness and post-right rotator cuff repair. His work status is temporary total disability. Notes dated 7-12-15 and 9-3-15 reveals the injured worker presented with complaints of right shoulder pain and stiffness rated at 5-8 out of 10. He reports difficulty donning a shirt and jacket, increased symptoms with overhead activities and prolonged side lying and limited sleep per note dated 9-21-15. Physical examinations dated 7-12-15 and 9-3-15 revealed mild prominence of the right acromioclavicular joint and mild generalized tenderness. A physical therapy note dated 9-21-15 reveals shoulder flexion and external rotation is -4 out of 5, decreased muscle mass on the right supraspinous and infraspinous fossas, anterior right shoulder is tender to palpation and increased tone of the bilateral cervical spine, bilateral upper trapezius and around the right shoulder. Treatment to date has included medications, cortisone injection, surgical intervention; rotator cuff repair and right shoulder arthroscopy, aqua therapy is beneficial per note dated 9-3-15 and home therapy program. A physical therapy (24 visits did not initially involve the right shoulder) note dated 9-21-15 states the injured worker tolerated therapy with minimal complaints of pain and difficulty. Diagnostic studies include urine toxicology screen, MRI and x-rays. A request for authorization dated for 6 physical therapy visits for the right shoulder is non-certified, per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The patient was injured on 12/10/10 and presents with right shoulder pain. The request is for 6 physical therapy visits for the right shoulder. The utilization review denial rationale is that the "functional response to active therapy was not provided to support the request for additional sessions." There is no RFA provided and the patient is currently on TTD recovering from right shoulder arthroscopy. The patient underwent a right shoulder mini-open rotator cuff repair, subacromial decompression, distal clavicle resection, biceps tenotomy, and major debridement on 04/01/15. As of 09/21/15, the patient has had 9 sessions of physical therapy from 07/14/15 to 09/21/15. MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for patients undergoing a rotator cuff repair. The post-surgical time frame is 6 months. The patient is diagnosed with right shoulder impingement syndrome, right shoulder bursitis, shoulder pain, and shoulder stiffness. On 04/01/15, the patient underwent a right shoulder mini-open rotator cuff repair, subacromial decompression, distal clavicle resection, biceps tenotomy, and major debridement. In this case, the patient has already had 9 sessions of therapy to date. The 09/21/15 physical therapy note states that the patient "tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty." The requested 6 additional sessions in addition to the 9 sessions he has already had is within guidelines and appears reasonable. Therefore, the request is medically necessary.