

Case Number:	CM15-0205838		
Date Assigned:	10/22/2015	Date of Injury:	03/06/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 44-year-old female who sustained an industrial injury on 3-6-2014 who is been treated for right shoulder pain with adhesive capsulitis and is status post rotator cuff repair and decompression performed 5-26-2015. On 9-10-2015 the injured worker reported continued stiffness and mild to moderate pain since her surgery. Objective findings include mild pain with palpation over the anterior lateral aspect of the shoulder, forward flexion at 120 degrees, abduction 100 degrees, external rotation 30 degrees, and crepitus. Scapular motion was normal. A cortisone injection was given at that visit. Documented treatment includes surgery, heat, ice, Percocet, Naproxen, and, according to report dated 9-16-2015, she has attended at least 12 sessions out of 20 approved post-operative physical therapy sessions. The treating physician's plan of care includes an additional 12 sessions of physical therapy which was modified to 4 on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions:
Upheld

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

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

Decision rationale: The 44 year old patient is status post right shoulder arthroscopy on 05/26/15, and continues to complain of stiffness and mild to moderate pain, as per progress report dated 09/10/15. The request is for post operative physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions. The RFA for this case is dated 09/21/15, and the patient's date of injury is 03/06/14. Diagnoses, as per progress report dated 09/10/15, included right shoulder pain with adhesive capsulitis, status post rotator cuff repair and decompression. The patient is on modified duty, as per progress report dated 08/24/15. MTUS post-surgical guidelines, pages 26- 27, Shoulder recommends Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. The postsurgical physical medicine treatment period is 6 months. In this case, the patient is status post right shoulder arthroscopy on 05/26/15. As per primary care physician's report dated 08/24/15, the patient has completed 8 to 12 sessions of physical therapy, and the orthopedic's office requested for additional therapy during the 08/13/15 visit. A physical therapy report dated 10/20/15 (after the UR denial date), indicates the patient has completed 18 post-operative visits. The Utilization Review denial letter also confirms that the patient has completed 14 to 20 previously authorized physical therapy visits. The patient is following a home exercise regimen, as per orthopedic progress report dated 09/10/15. In progress report dated 10/22/15, the treater states that the patient follows home exercises without any significant improvement. The treater, however, does not specifically document how additional therapy will benefit the patient's pain and function. There is no documentation of efficacy of prior therapy as well. Additionally, MTUS only allows for 24 visits in patients undergoing shoulder arthroscopy. The current request for 12 additional sessions exceeds that limit, and is not medically necessary.