

Case Number:	CM15-0020738		
Date Assigned:	02/10/2015	Date of Injury:	08/16/2001
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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, Pain Management

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 36 year old female, who sustained an industrial injury on August 16, 2001. She has reported right arm and shoulder injury. The diagnoses have included status post spinal fusion, cervical disc herniation, right shoulder labral tear with small paralabral cyst, and right upper extremity tendonitis. Treatment to date has included radiological imaging, and medications. The records indicate a magnetic resonance imaging of the right shoulder dated January 12, 2012, reveals a superior labral tear and mild degenerative changes. Currently, the IW complains of recurring right shoulder pain. Physical findings noted pain at the right acromioclavicular joint, subacromial bursa. Positive Neer's and Hawkin's, and Cross shoulder tests. On January 6, 2015, Utilization Review modified certification of physical therapy for the right shoulder, two times weekly for three weeks. The ACOEM, MTUS, and ODG guidelines were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of physical therapy for the right shoulder, two times weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder PT 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has a history of right shoulder labrum tear. However, the physical therapy was ordered because the patient complained of twisting her arm on 11/25/2014 resulting in positive Neer's test on exam. The Official Disability Guidelines guidelines recommend 10 sessions of physical therapy over a course of 8 weeks for rotator cuff syndrome. The request of 12 sessions exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.