

Case Number:	CM15-0029642		
Date Assigned:	02/24/2015	Date of Injury:	09/03/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 65 year old male who sustained an industrial injury on 09/03/2013. Diagnoses include right shoulder impingement syndrome, synovitis, full thickness rotator cuff repair, status post-surgery on 08/04/2014, right shoulder cuff syndrome. Treatment to date has included medications, work/activities restrictions, home exercise program, and physical therapy. A physician progress note dated 12/16/2015 documents the injured worker complains of right shoulder pain rated at 7 out of 10, which is frequent and slightly improving with physical therapy. Medications help to decrease the pain to 4 out of 10. His right shoulder has decreased range of motion. Flexion is 120 degrees, abduction 110 degrees, extension and adduction 40 degrees, with internal rotation 60 degrees and external rotation 70 degrees. There is positive Neers impingement. There was still tenderness over the acromioclavicular joint. Treatment requested is for physical therapy, three times a week for four weeks for the right shoulder. On 02/02/2015 Utilization Review non-certified the request for physical therapy, three times a week for four weeks for the right shoulder and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week for four weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. 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, physical therapy 3 times per week for 4 weeks 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 in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder rotator cuff syndrome: sleep issues; and status post right shoulder arthroscopic surgery August 16, 2014. Subjectively, the injured worker has persistent pain 7/10 and has slightly improved. He is on a home exercise program. The documentation states the injured worker received 24 physical therapy sessions to date. The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The documentation does not contain compelling clinical facts/exceptional factors warrant additional physical therapy. After 24 sessions of physical therapy, the injured worker should be well versed in the exercises to engage in a home exercise program (the injured worker is engaged in a home exercise program). Consequently, absent compelling clinical documentation to warrant additional physical therapy, physical therapy three times per week times four weeks to the right shoulder is not medically necessary.