

Case Number:	CM15-0212969		
Date Assigned:	11/02/2015	Date of Injury:	08/06/2009
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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(n) 57 year old female, who sustained an industrial injury on 8-6-09. The injured worker was diagnosed as having bilateral rotator cuff tendinosis. Subjective findings (1-23-15) indicated right shoulder pain. The treating physician noted excellent progress with physical therapy. Objective findings (1-23-15) revealed right shoulder flexion was 150 degrees, abduction was 150 degrees and internal rotation was 60 degrees. As of the PR2 dated 9-21-15, the injured worker reports pain in the bilateral shoulder. She is working modified duty. Objective findings include bilateral shoulder flexion is 150 degrees, abduction is 140 degrees and internal rotation is 50 degrees. Treatment to date has included a left shoulder arthroscopy on 8-21-15, a right shoulder arthroscopy on 8-26-14, physical therapy x at least 16 sessions starting on 10-8-14, Celebrex and Tramadol. The Utilization Review dated 9-30-15, non-certified the request for physical therapy 2 x weekly for 4 weeks for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Work-Relatedness, Initial Care, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy 2 times a week for 4 weeks for bilateral shoulders, 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. California MTUS supports up to 24 sessions after shoulder surgery with a postsurgical physical medicine treatment period: 6 months, 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, there is documentation of completion of prior PT sessions and there is documentation of specific objective functional improvement with the previous sessions but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy to both shoulders. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for both shoulders and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 2 times a week for 4 weeks for bilateral shoulders is not medically necessary.