

Case Number:	CM15-0212996		
Date Assigned:	11/02/2015	Date of Injury:	03/29/2013
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
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 47 year old female, who sustained an industrial injury on March 29, 2013. The injured worker was diagnosed as having internal derangement of the right shoulder, cervical spine radiculitis and right upper extremity complex regional pain syndrome. Treatment to date has included diagnostic studies, shoulder injection, medication, surgery and post-operative physical therapy x 24 sessions. She was noted to be status post right shoulder surgery on 02-06-15. On July 16, 2015, an MRI of the right shoulder revealed partial-thickness undersurface tearing of the supraspinatus-anterior infraspinatus with a delaminating intrasubstance component involving about 50% of the tendon thickness. There was also partial thickness undersurface tearing of the subscapularis and full-thickness cartilage fissuring in the posterior superior humeral head. On July 27, 2015, the injured worker complained of right shoulder pain and muscle spasm. Physical examination revealed tenderness to the right shoulder. Shoulder range of motion was noted to be "limited." Notes stated that she does not need another surgery at this time. The treating physician wants to see how she responds to conservative care. The treatment plan included physical therapy to the right shoulder. On October 13, 2015, utilization review denied a request for physical therapy to the right shoulder two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to right shoulder only 2x4: 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 Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, 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 to right shoulder only 2x4, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical therapy to right shoulder only 2x4 is not medically necessary.