

Case Number:	CM15-0216211		
Date Assigned:	11/05/2015	Date of Injury:	01/28/2014
Decision Date:	12/18/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/03/2015

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: Emergency 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:

This is a 40-year-old female with a date of industrial injury 1-28-2014. The medical records indicated the injured worker (IW) was treated for cervicgia with C5-C6 radiculopathy; right shoulder stage III impingement; and history of low back pain with right lower extremity radiculopathy. In the progress notes (9-23-15 and 10-21-15), the IW reported continued aching discomfort in her neck and right shoulder. She felt the right shoulder had improved gradually over time. She had discussed manipulation under anesthesia with another provider for capsulitis. On examination (10-21-15 notes), there was increased muscle tone throughout the cervical paraspinal musculature. Active forward flexion (of the shoulder) was improved to 145 degrees, abduction was 130 degrees, external rotation was 55 degrees still with some compensatory posturing; her ranges of motion on 8-12-15 were (in degrees) 130, 110 and 50, respectively. There was positive impingement and impingement reinforcement. Neurovascular status was grossly intact to the right upper extremity and hand. Treatments included physical therapy (unknown number of sessions), surgery (10-17-14) and home exercise. The IW was temporarily totally disabled. The IW expressed her desire to accelerate the healing of her right shoulder by going forward with manipulation of the right shoulder under anesthesia. The surgical service was requested by the provider in addition to aquatic therapy. The functional gains from previous physical therapy were not documented. A Request for Authorization was received for physical therapy twice a week for four weeks for the right shoulder. The Utilization Review on 11-3-15 non-certified the request for physical therapy twice a week for four weeks for the right shoulder.

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 right shoulder: Upheld

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

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

Decision rationale: The requested Physical therapy 2 times a week for 4 weeks right shoulder is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27 recommend up to 24 post-op physical therapy sessions for this condition. The injured worker has continued aching discomfort in her neck and right shoulder. She felt the right shoulder had improved gradually over time. She had discussed manipulation under anesthesia with another provider for capsulitis. On examination (10-21-15 notes), there was increased muscle tone throughout the cervical paraspinal musculature. Active forward flexion (of the shoulder) was improved to 145 degrees, abduction was 130 degrees, external rotation was 55 degrees still with some compensatory posturing; her ranges of motion on 8-12-15 were (in degrees) 130, 110 and 50, respectively. There was positive impingement and impingement reinforcement. Neurovascular status was grossly intact to the right upper extremity and hand. Treatments included physical therapy (unknown number of sessions), surgery (10-17-14) and home exercise. The IW was temporarily totally disabled. The IW expressed her desire to accelerate the healing of her right shoulder by going forward with manipulation of the right shoulder under anesthesia. The surgical service was requested by the provider in addition to aquatic therapy. The functional gains from previous physical therapy were not documented. The criteria noted above not having been met, physical therapy 2 times a week for 4 weeks right shoulder is not medically necessary.