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| Case Number: | CM15-0219555 | | |
| Date Assigned: | 11/12/2015 | Date of Injury: | 08/21/1988 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 08-21-1988. A review of the medical records indicates that the worker is undergoing treatment for rotator cuff arthropathy of the right shoulder, status post rotator cuff repair, disc herniation of the lumbar spine status post multi-level fusion, status post left total knee arthroplasty with constrained prosthesis and right knee osteoarthritis. Treatment has included right rotator cuff repair. The only medical documentation submitted for review consists of an orthopedic evaluation report dated 10-07-2015, a telephone contact note dated 02-24-2015 and an MRI of the lumbar spine report dated 06-15-2015. Subjective complaints (10-07-2015) included right shoulder pain and weakness, low back pain and bilateral knee pain, right greater than left with clicking and catching. Objective findings of the right shoulder revealed marked tenderness elicited to palpation over the anterior aspect of the shoulder, slightly decreased range of motion, decreased grip strength, decreased supraspinatus and deltoid motor strength and positive I and II impingement tests. X-rays of the right shoulder and humerus on an unknown date showed rotator cuff arthropathy. The physician noted that the worker would be started on a gentle exercise program to build strength along with the prescription of some medications. A request for 12 sessions of physical therapy for the right shoulder was submitted. There's no documentation as to whether the worker had received prior physical therapy and if so how many sessions had been received and what the effectiveness of therapy had been. A utilization review dated 10-22-2015 modified a request for 12 physical therapy sessions of the right shoulder to certification of 6 physical therapy sessions of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy session of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Physical therapy guidelines.

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

Decision rationale: The patient presents with chronic right shoulder pain with weakness and decreased range of motion, back pain and right greater than left knee pain with clicking and catching. The current request is for 12 sessions of physical therapy session for the right shoulder. The UR dated 10/22/15 modified the request to 6 physical therapy sessions of the right shoulder. The treating physician states on 10/7/15 (18B) "At this time we will start the patient on a gentle exercise program to hopefully, build up her strength." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8- 10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.