MAXIMUS Federal Services

Case Number:	CM15-0219578		
Date Assigned:	11/13/2015	Date of Injury:	01/09/2014
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
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, 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 35 year old female who sustained an industrial injury on 01-09-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder calcific tendonitis. The injured worker is status post right shoulder subacromial decompression, rotator cuff repair and excision of calcium deposit on 07-09-2015. According to the treating physician's progress report on 09-15-2015, the injured worker continued to experience right arm and shoulder pain with abduction. A moderate contracture of the arm was noted with a well-healed incision site. There were no objective findings of the shoulder or the cervical spine and neck. According to the physical therapy report dated 09-22-2015, the injured worker had completed 13 sessions of physical therapy and reported increased pain at the medial border of the scapula with "upper arm shaking at end range stretches but not entirely due to pain" and later noting probably due to fatigue. At session #11 on 09-15-2015, elevation of the arm had increased to 120 degrees. An official report of a right shoulder magnetic resonance imaging (MRI) performed on 01-02-2015 was included in the review. Prior treatments have included diagnostic testing, cortisone injection, shoulder aspiration, surgery, post-operative physical therapy (at least 13), home exercise program and medications. Current medication was listed as Tramadol. Treatment plan consists of continuing with the authorized right shoulder physical therapy sessions times 6, home exercises and stretching, possible manipulation under anesthesia and the current request for physical therapy twice a week for 3 weeks for the neck. On 10-28-2015, the Utilization Review determined the request for physical therapy twice a week for 3 weeks for the neck was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 3 weeks for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the neck is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving 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 diagnosis is right shoulder calcific tendinitis. Date of injury is January 9, 2014. Request for authorization is October 21, 2015 with a request for physical therapy to the right shoulder. According to a September 15, 2015 progress note, injured worker present for follow-up regarding the right shoulder. The treating provider is requesting additional physical therapy. The arthroscopy took place on July 9, 2015. There is no clinical documentation with the discussion, indication or rationale for physical therapy to the neck. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication, rationale for discussion for next physical therapy (according to the progress note dated September 15, 2015), physical therapy two times per week times three weeks to the neck is not medically necessary.