

Case Number:	CM15-0222456		
Date Assigned:	11/18/2015	Date of Injury:	03/27/2013
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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 57 year old female who sustained an industrial injury on March 27, 2013. Medical records indicated that the injured worker was treated for right shoulder pain. Medical diagnoses include superior glenoid labrum lesion of the right shoulder, right shoulder rotator cuff tendinitis and impingement, status post right shoulder SLAP repair, biceps tenotomy and shoulder decompression. In the provider notes dated September 30, 2015 the injured worker complained of "anterior shoulder and arm pain with biceps spasms". "There has been significant improvement in the symptoms since the last visit." On exam, the documentation stated, "right shoulder forward flexion is 160, ER 60, abduction ER 90, abduction IR 60." There is decreased strength in all rotator cuff muscle groups and pain with range of motion. Impingement tests are positive. The treatment plans includes medications, cortisone injection and continue physical therapy. A Request for Authorization was submitted for outpatient physical therapy to right shoulder once a week for six weeks. The Utilization Review dated October 21, 2015 denied the request for outpatient physical therapy to right shoulder once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to right shoulder one time a week for six (6) weeks: Upheld

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

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

Decision rationale: The current request is for outpatient physical therapy to right shoulder one time a week for six (6) weeks. The RFA is dated 10/09/15. Treatment history include right shoulder slap repair (11/04/13), physical therapy, and medications. Work status: full duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/20/15, the patient complained of anterior shoulder and arm pain with biceps spasms. Physical examination revealed right shoulder forward flexion is 160, ER 60, abduction ER 90, and abduction IR 60. There is decreased strength in all rotator cuff muscle groups and pain with range of motion. Impingement tests are positive. The exact number of completed physical therapy visits to date were not documented in the medical reports. It appears that the patient underwent a course of therapy following the 2013 surgery, and recently underwent an undisclosed number of additional sessions, which were focusing on establishing a home exercise program. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.