

Case Number:	CM15-0222806		
Date Assigned:	11/18/2015	Date of Injury:	01/03/2015
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
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, 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 52 year old female, who sustained an industrial injury on 1-3-15. Medical records indicate that the injured worker is undergoing treatment for right shoulder pain, right rotator cuff tear and status-post right rotator cuff repair. The injured worker is currently temporarily totally disabled. On (9-16-15) the injured worker was seen for a post-operative evaluation of the right shoulder. The injured worker was noted to be making progress but was still very weak and unable to lift anything overhead without pain. On examination, the injured worker was able to forward flex and abduct the arm to about 170 degrees. Internal rotation was to the lumbar spine. Cuff strength continues to improve but there was still weakness. A physical therapy progress noted dated 10-5-15 revealed no pain when not moving the shoulder. When her pain is the most, it is sharp, sudden and quick. Most of the time it is a dull ache. The injured worker complained of weakness and a lot of popping in the shoulder. Treatment and evaluation to date has included medications, physical therapy (unclear amount), home exercise program and a right rotator cuff repair on 5-5-15. Current medications were not provided. The Request for Authorization dated 10-9-15 is a request for post-operative physical therapy to the right shoulder #6. The Utilization Review documentation dated 10-15-15 non-certified the request for post-operative physical therapy to the right shoulder #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy right shoulder: 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) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy to the right shoulder 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right shoulder pain; and right rotator cuff tear status post repair. Date of injury is January 3, 2015. Request for authorization is October 9, 2015. The injured worker is status post right shoulder arthroscopy May 5, 2015. A physical therapy progress note dated September 21, 2015 indicates the injured worker received 27 sessions of physical therapy. According to the September 16, 2015 progress note, pain is improving. The utilization review states the injured worker received 34 physical therapy sessions. The documentation does not demonstrate objective functional improvement (after 27 sessions) to support additional physical therapy. After 27 sessions of physical therapy the injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker completed 27 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy is clinically indicated, postoperative physical therapy to the right shoulder is not medically necessary.