

Case Number:	CM15-0030119		
Date Assigned:	02/23/2015	Date of Injury:	01/20/2014
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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 59-year-old male, who sustained an industrial injury on 1/20/14. He has reported right shoulder and bilateral knee injury. The diagnoses have included right shoulder bursitis, rotator cuff syndrome and bicipital tenosynovitis. Treatment to date has included physical therapy, right shoulder arthroscopy with subacromial decompression, extensive debridement of glenohumeral joint and open biceps tenodesis. (MRI) magnetic resonance imaging of right revealed medial meniscus tear with chondromalacia and left knee (MRI) magnetic resonance imaging revealed medial meniscus tear with chondromalacia. Currently, the injured worker complains of right shoulder pain with radiation down lateral upper arm and limited use of right arm. Progress report dated 1/16/15 noted tenderness of medial joint line of right and left knee and right shoulder with decreased range motion and pain. On 2/6/15 Utilization Review non-certified continued physical therapy right shoulder 2 times a week for 6 weeks, noting the lack of documented functional improvement with recent treatment. The MTUS, ACOEM Guidelines and ODG were cited. On 2/17/15, the injured worker submitted an application for IMR for review of continued physical therapy right shoulder 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy right shoulder 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with right shoulder pain, radiating into lateral upper arm, and bilateral knee pain. The treater has asked for CONTINUED PHYSICAL THERAPY RIGHT SHOULDER 2X6 on 1/16/15 to get his range of motion and strength back to his right shoulder. The 1/16/15 report also states: "he continues to have stiffness/pain in his right shoulder and he needs more physical therapy." The utilization review letter dated 2/6/15 states the patient had 20 prior sessions of physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently not working. In this case, the patient had 20 recent sessions of physical therapy for the shoulder. The treater is requesting an additional 12 sessions of physical therapy due to continuing pain/deficits. There is no discussion, however, regarding treatment history to determine how the patient has responded to therapy treatments. In addition to the completed 20 sessions, the requested additional 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.