

Case Number:	CM15-0051371		
Date Assigned:	03/24/2015	Date of Injury:	12/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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(n) 49-year-old female, who sustained an industrial injury on 12/12/14. She reported pain in the right shoulder related to a fall. The injured worker was diagnosed as having right shoulder sprain and cervical sprain. Treatment to date has included right shoulder MRI, physical therapy and pain medications. As of the PR2 dated 2/4/15, the injured worker reports persistent pain in the right shoulder. The treating physician noted a positive Hawkins and Neer tests, and weakness to external rotation in the right shoulder. The treatment plan is to perform an arthroscopic rotator cuff repair on the right shoulder. The treating physician requested post-operative physical therapy for the right shoulder x 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Postoperative physical therapy treatments for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, OGD Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The ODG recommends for rotator cuff syndrome post-surgical treatment, arthroscopic: 24 visits over 14 weeks. The request for 16 sessions is in excess of the initial trials per MTUS and ODG guidelines. The previous UR modified the request to allow for 12 visits, 50% of the request as a trial, which is reasonable. As such, the request 16 Postoperative physical therapy treatments for right shoulder is not medically necessary.