

Case Number:	CM15-0053919		
Date Assigned:	03/27/2015	Date of Injury:	12/31/2013
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/21/2015

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: 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 54 year old male, who sustained an industrial injury on December 31, 2013. He has reported right shoulder pain. Diagnoses have included rotator cuff rupture and moderately severe arthrosis. Treatment to date has included medications, injections, and rotator cuff repair. A progress note dated March 4, 2015 indicates a chief complaint of right shoulder pain with numbness and tingling. The treating physician documented a plan of care that included physical therapy and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 10 visits for rotator cuff syndrome. Medical records document that right shoulder arthroscopy and rotator cuff repair was performed 6/4/14. The progress report dated 1/7/15 documented that the patient had completed a total of seven physical therapy sessions prior to 11/26/14, but none in the past six weeks. The 1/26/15 progress report that the right shoulder was status post rotator cuff repair. The treating physician's progress report dated 1/26/15 documented that the shoulder was re-injured. There was a possibility of a new tear. Range of motion for flexion and abduction was 90 degrees. Magnetic resonance arthrogram of the right shoulder dated 2/20/15 demonstrated partial tearing of the supraspinatus tendon. The progress report dated 3/4/15 documented right shoulder tenderness with decreased range of motion. Physical therapy twice a week for three weeks for the shoulder was requested. The 1/26/15 progress report documented that the shoulder was reinjured. Because the shoulder was reinjured, a new course of physical therapy is supported. Official Disability Guidelines (ODG) recommend 10 visits for rotator cuff syndrome. Therefore, the request for 6 visits of physical therapy are supported by ODG and MTUS guidelines. Therefore, the request for physical therapy is medically necessary.