

Case Number:	CM15-0056391		
Date Assigned:	04/01/2015	Date of Injury:	09/15/2013
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
 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 23 year old female, who sustained an industrial injury on 9/15/2013. She reported being hit in the right shoulder by a steel door. Diagnoses have included right shoulder rotator cuff tear, left paracentral disc protrusion at C3-C4 and chronic myofascial pain syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder, physical therapy, cortisone injections, arthroscopic rotator cuff repair of the right shoulder and medication. According to the progress report dated 2/17/2015, the injured worker complained of some relief of pain in her neck; she still complained of headache. She rated neck pain as 2-3/10 on the visual analog scale (VAS). Physical exam revealed improved range of motion of the cervical spine with tenderness and muscle spasm. Authorization was requested for physical therapy twice a week for six weeks for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits (2xwk x 3 wks) Neck and Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Op, Physical Medicine Page(s): 27, 98-99.

Decision rationale: The patient presents with post rotator cuff repair and neck pain. The current request is for Physical Therapy 6 visits (2xwk x 3 wks) Neck and Right Shoulder. The treating physician states, particularly after physical therapy, her neck soreness increases. As currently she is attending physical therapy and 3 visits physical therapy left over, I recommend her to continue physical therapy and after that continue a home exercise program. (27B) The reviewing physician also documents that the patient had right rotator cuff surgery 6 months ago and received 6 post-operative physical therapy visits. (7A) The MTUS guidelines state, they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS allows 24 visits over 14 weeks for rotator cuff repair or 8-10 visits for Neuralgia, neuritis, and radiculitis, unspecified. In this case, the request is for the neck and right shoulder and the treating physician has documented that the patient has had physical therapy for the neck and rotator cuff repair but has not documented the total number of visits the patient has completed. The current request is not medically necessary and the recommendation is for denial.