

Case Number:	CM15-0087727		
Date Assigned:	05/11/2015	Date of Injury:	03/21/2014
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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 55 year old male who sustained an industrial injury on 3/31/14 resulting in injury to the right shoulder from high voltage electrical injury. Currently (2/20/15) he complains of pain and paresthesias but symptoms have improved with physical therapy. Medication is Norco. Diagnoses include left shoulder rotator cuff tendinopathy; right arm paresthesias, related to electric current injury directly to the nerves; status post right shoulder arthroscopy decompression, rotator cuff repair and biceps tenodesis (11/10/14). Treatments to date include medications, physical therapy, and activity modification. In the progress note dated 2/20/15 the treating provider's plan of care includes referring he injured worker for more sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Visits Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, physical therapy 12 visits to the right shoulder are 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 diagnoses are left shoulder rotator cuff tendinopathy; right arm paresthesias probably related to electric current injury; status post right shoulder arthroscopy with the compression, rotator cuff repair and biceps tenodesis date of service November 10, 2014. The documentation contains physical therapy progress notes that provide a cumulative number (presurgical and postsurgical) of physical therapy visits to date. The injured worker received at least 34 sessions of physical therapy. The request for authorization is dated April 10, 2015. The most recent progress note in the medical record is dated February 20, 2015. According to the most recent progress note in the medical record, dated February 20, 2015, the injured worker was receiving physical therapy two times per week since January (approximately 7 weeks). The VAS pain score is 3/10. Range of motion is improving. The guidelines recommend 24 physical therapy sessions over 14 weeks for the right shoulder arthroscopy/surgical repair. There are no compelling clinical facts documented in the medical record indicating additional physical therapy (over the guideline recommendations) is clinically indicated. Additionally, there is no contemporaneous progress note on or about the date of authorization April 10, 2015. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted, physical therapy 12 visits to the right shoulder are not medically necessary.