

Case Number:	CM15-0089842		
Date Assigned:	05/14/2015	Date of Injury:	05/03/2007
Decision Date:	06/15/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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 63-year-old male, who sustained an industrial injury on 05/03/2007. He has reported injury to the right shoulder. The diagnoses have included disorders of bursae and tendons in shoulder region, unspecified; rotator cuff syndrome; and status post revision right shoulder rotator cuff repair, on 10/22/2014. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Norco and Percocet. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain, stiffness, and weakness in the right shoulder; he is five months post-surgery of the right shoulder; and he has been back in physical therapy. Objective findings included no swelling or edema in the right shoulder; surgical incisions are well-healed; improving rotator cuff strength; shoulder range of motion is improved and elbow range of motion is full; and making slow progress in physical therapy. The treatment plan has included the request for continued physical therapy, 2 times per week for 4 weeks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy, 2 times per wk for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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, continued physical therapy two times per week times four weeks (eight sessions) is 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 diagnosis is rotator cuff syndrome. The injured worker is status post arthroscopy, revision right rotator cuff repair October 12, 2014. The injured worker completed 32 physical therapy sessions as of April 3, 2015. According to a progress note dated March 3, 2015 (four days prior), the injured worker and pain, stiffness and weakness was making slow progress. According to the 32nd physical therapy progress note in the medical record, the physical therapist instructed the injured worker on a home exercise program. The injured worker should be well versed (after 32 physical therapy sessions) and the exercises to engage in a home exercise program. Additionally, there are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted after receiving 32 physical therapy sessions (with slow progression) while the injured worker is engaged in a home exercise program, continued physical therapy two times per week times four weeks (eight sessions) is not medically necessary.