

Case Number:	CM15-0089919		
Date Assigned:	05/14/2015	Date of Injury:	07/01/2010
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
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

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 52 year old female, who sustained an industrial injury on 7/1/2010. She reported pain of the neck, right shoulder, and low back. The injured worker was diagnosed as having shoulder pain. Treatment to date has included medications, physical therapy, and shoulder surgery. The request is for 12 additional physical therapy visits for the right shoulder. On 4/3/2015, she complained of constant low back pain with radiation into the lower extremities. She rated her pain as 5/10. She had right shoulder pain that was improving with physical therapy. She rated her shoulder pain 4/10. She also had cervical spine pain rated 7/10 with radiation into the upper extremities, and associated headaches. Her right shoulder is noted to have a well healing surgical incision, some stiffness and weakness. The treatment plan included: physical therapy. The records do not indicate how many physical therapy sessions had been completed, or describe how she is improving with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional post-op physical therapy visits for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Post-surgical physical medicine treatment period: 6 months.

Decision rationale: The employee has completed 19/24 post-op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The 12 Additional post-op physical therapy visits for the right shoulder is not medically necessary and appropriate.