

Case Number:	CM15-0233492		
Date Assigned:	12/09/2015	Date of Injury:	12/05/2011
Decision Date:	01/12/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/30/2015

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:

This 36 year old female sustained an industrial injury on 12-5-11. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement. The injured worker underwent shoulder tendon repair in 2012 and May 2015. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 7-31-15, the injured worker complained of right shoulder pain rated 8 to 9 out of 10 on the visual analog scale with spasms and decreased range of motion. Right shoulder range of motion showed abduction 100 degrees, internal and external rotation 40 degrees, extension and adduction 10 degrees. In a PR-2 dated 10-15-15, the physician indicated that the injured worker had received 23 sessions of physical therapy with "mild" relief. In a PR-2 dated 10-27-15, the injured worker complained of pain to the neck, upper back, low back, right hip and right shoulder. The injured worker rated her right shoulder pain 8 out of 10 on the visual analog scale. Physical exam was remarkable for right shoulder with tenderness to palpation and spasms and range of motion: abduction 90 degrees, flexion 50 degrees, internal and external rotation 40 degrees, extension and adduction 10 degrees. The treatment plan included physical therapy twice a week for six weeks. On 11-3-15, Utilization Review noncertified a request for 12 postoperative physical therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, 12 postoperative physical therapy visits to the right shoulder 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprained strain and lumbar spine, thoracic spine and cervical spine. There is no diagnosis referencing the shoulder. Date of injury is December 5, 2011. Request for authorization is October 27, 2015. The injured worker is status post right shoulder arthroscopy may fourth 2015. According to an October 15, 2015 orthopedic progress note, the injured worker received 23 sessions of physical therapy with mild relief. The injured worker has undergone two prior right shoulder surgeries. According to an October 27, 2015 progress note, subjective complaints include painful knee, upper back and right shoulder. Objectively, there is tenderness cervical spine. There is decreased range of motion of the right shoulder pain and spasm 8/10. The documentation does not demonstrate objective functional improvement to support additional physical therapy. The documentation states he injured worker received mild relief from the prior 23 sessions of physical therapy. The guidelines recommend 24 sessions of physical therapy over 14 weeks. After 23 sessions of physical therapy, the injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. As noted above, the injured worker received 23 sessions of physical therapy. The requesting provider is now requesting an additional 12 sessions of postoperative therapy. There are no compelling clinical facts indicating additional physical therapy (24 sessions over 14 weeks) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the prior 23 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, 12 postoperative physical therapy visits to the right shoulder is not medically necessary.