

Case Number:	CM14-0148751		
Date Assigned:	09/18/2014	Date of Injury:	03/23/2012
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 03/23/2012. The mechanism of injury was not specified. Her diagnoses were right shoulder pain with signs of reflex sympathetic dystrophy and history of right shoulder arthroscopy for rotator cuff repair and revision with decompression. Her previous treatments included physical therapy and a home exercise program. Her diagnostics were not provided. Her previous surgery included a right shoulder arthroscopy for rotator cuff repair. On 07/07/2014, the injured worker reported that she was doing the same and continued to have numbness and tingling radiating down into her hand. She stated that her pain is located laterally and she is not having pain at night. The physical examination of the right shoulder revealed moderate pain noted with palpation over the anterior lateral aspect of the shoulder. The range of motion exam revealed forward flexion at 130 degrees, abduction at 120 degrees, and external rotation at 0 degrees. The physician noted that the injured worker did not seem to be making progress with range of motion or pain tolerance. Her medications included Lyrica and Naproxen. The treatment plan was for physical therapy 2 times a week for 6 weeks. The rationale for the request and the Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Based on the clinical information submitted for review, the request for physical therapy 2 times a week for 6 weeks is not medically necessary. According to The California Post-Surgical Treatment Guidelines, postsurgical treatment for rotator cuff repair is 24 visits over 14 weeks. The injured worker reported that she was not making any progress and she continued to have moderate pain. It was noted that she completed 10 visits of physical therapy. There is a lack of information that details the injured worker's functional progress with physical therapy. In fact, the physician noted that the injured worker did not seem to be making progress with range of motion or pain tolerance. The request for an additional 12 visits of physical therapy is not supported without objective data demonstrating improvement. As such, the request for physical therapy 2 times a week for 6 weeks is not medically necessary.