

Case Number:	CM14-0212492		
Date Assigned:	01/02/2015	Date of Injury:	07/24/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 53 year old patient with date of injury of 07/24/2013. Medical records indicate the patient is undergoing treatment for right shoulder cuff tear and symptomatic acromioclavicular joint degenerative arthritis and left shoulder impingement and medial epicondylitis most probably related to overuse, right wrist pain. Subjective complaints include right shoulder pain, pain around medial aspect of elbow and superior aspect of left shoulder. Objective findings include pain and weakness with elevation of right shoulder, impingement maneuver positive, tenderness over right acromioclavicular joint; left arm tenderness over the medial epicondyle as well as a positive impingement maneuver, full range of motion. MRI of right shoulder dated 09/23/2014 reveals acromioclavicular joint degenerative arthritis and a tear of the anterior portion of the supraspinatus. Treatment has consisted of surgical intervention, brace, and cortisone injections, Naproxen, Omeprazole and Ibuprofen. The utilization review determination was rendered on 11/21/2014 recommending non-certification of 20 Post-Op Physical Therapy Sessions to the Right Shoulder (2 times a week for 10 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Post-Op Physical Therapy Sessions to the Right Shoulder (2 times a week for 10 weeks):
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The treating physician has documented recommendation for right shoulder arthroscopically assisted rotator cuff repair as well as distal claviclectomy. In reference to rotator cuff arthroscopic surgical repair, ODG recommends "Post-surgical treatment, arthroscopic: 24 visits over 14 weeks". The treating physician has requested 20 sessions over 10 weeks and is within the 24 visits per ODG guidelines. As such, the request for 20 Post-Op Physical Therapy Sessions to the Right Shoulder (2 times a week for 10 weeks) is medically necessary.