

Case Number:	CM14-0214711		
Date Assigned:	01/07/2015	Date of Injury:	08/16/2013
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: 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 (IW) is a 58-year-old man with a date of injury of August 16, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are right rotator cuff tear; chronic right shoulder pain; and opioid addiction. The treating physician reports the IW is not a good candidate, nor does he desire surgery at this point. Pursuant to the progress note dated November 17, 2014, the IW continues to complain of right shoulder pain. Examination of the right shoulder reveals tenderness to palpation over the biceps tendon. There was pain with range of motion. All muscle strength was 5/5 except for the supraspinatus, which was -5/5. Current medications were not documented. In a progress note from September of 2014, the provider reports the IW has had 6 to 8 sessions of physical therapy to date. It is unclear as to the total number of physical therapy sessions the IW has completed to date. There were no physical therapy notes in the medical record. There was no evidence of objective functional improvement associated with prior physical therapy. The current request is for physical therapy 2 times a week for 3 weeks to the right shoulder.

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 3 Weeks to The Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for three weeks 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. The frequency and duration of physical therapy are enumerated in the official disability guidelines according to the injury sustained. In this case, the injured worker's working diagnoses are right rotator cuff tear; chronic right shoulder pain; and opioid addiction. The documentation indicates the injured worker received 6 to 8 sessions of physical therapy to date (noted in a progress note September 2014). The total number of physical therapy sessions was not documented. There were no physical therapy notes in the medical record. There was no evidence of objective functional improvement in the medical record. Additionally, when the treatment duration and/or number of visits exceeds the guideline, compelling clinical evidence is required to warrant additional physical therapy. There are no compelling clinical facts in the medical record. Consequently, absent compelling clinical documentation to support additional physical therapy with evidence of objective functional improvement in prior physical therapy documentation, physical therapy two times a week for three weeks to the right shoulder is not medically necessary.