

Case Number:	CM14-0219030		
Date Assigned:	02/05/2015	Date of Injury:	04/25/2013
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 62-year-old male, with a reported date of injury of 04/25/2013. The diagnoses include right shoulder severe residuals after arthroscopic/open procedure, large retracted rotator cuff tear, with atrophy, and acromioclavicular arthrosis, down sloping acromion. Treatments have included a functional capacity evaluation on 04/03/2014, aqua therapy, oral pain medications, and an MRI of the right shoulder. The progress report dated 12/03/2014 indicates that the injured worker complained of continued frequent severe sharp, stabbing, burning right shoulder pain, stiffness, numbness, and weakness. There was no change in his symptoms. It was noted that an injection helped for a couple of days. The objective findings included a healed shoulder incision, positive right shoulder impingement, positive drop arm, pain and weakness on resisted external rotation with the arm at the side, intact sensorimotor examination, and some atrophy of the right rotator cuff. The treating physician requested physical therapy two times a week for six weeks. He had shoulder surgery in mid '13 and completed a full course of post operative therapy. He then had a 12 session course of additional therapy completed on 12/10/14 without benefit. Additional surgery has been recommended. On 12/17/2014, Utilization Review (UR) denied the request for physical therapy two times a week for six weeks for the right shoulder. The UR physician noted that there was documentation that the injured worker's condition was unchanged and the guidelines recommend up to ten visits for myalgia/myositis. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for 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 rationale: MTUS Post Operative Guidelines would not apply as the prior surgery was completed greater than 18 months ago and a full course of post operative therapy was completed. Recently he has completed another course of 12 sessions of therapy without significant improvements. Under these circumstances ODG Guidelines recommend up to 10 total sessions of physical therapy for chronic painful conditions similar to this. The additional 12 sessions is not supported by Guidelines and there are no unusual circumstances to support an exception to Guidelines. The request for additional physical therapy 2X6 for the right shoulder is not medically necessary.