

Case Number:	CM15-0006686		
Date Assigned:	01/21/2015	Date of Injury:	06/01/2013
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Illinois

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 44 year old male with an industrial injury dated June 1, 2013. The injured worker diagnoses include lateral epicondylitis, arthritis of the shoulder and rotator cuff syndrome. He has been treated with medications, and physical therapy. In a progress note dated 11/25/2014, the injured worker reported right shoulder pain with muscle spasms to the right hand and decrease range of motion. Physical exam revealed decreased range of motion of the right shoulder and pain. The treating physician prescribed services for physical therapy 2 x 4 for the right shoulder now under review. UR determination on December 12, 2014 denied the request for physical therapy 2 x 4 for the right shoulder, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The injured worker sustained a work related injury on June 1, 2013. The medical records provided indicate the diagnosis of lateral epicondylitis, arthritis of the shoulder and rotator cuff syndrome. He had arthroscopic surgery of the shoulder in 09/2014. He has been treated with medications, and physical therapy. The medical records provided for review do indicate a medical necessity for Physical Therapy 2 x 4 for the right shoulder. It should be noted that the applicable guideline in this case is the postsurgical physical medicine guideline. The records indicate he had rotator cuff tear in 2013, but had surgical correction in 09/2014. The surgery was followed by postsurgical therapy. Although appears to be improving slowly, but he has made appreciable improvement as is evidenced by the range of motion as follows: Flexion was 51 versus 90 , abduction 42/45 on 10/14/2014 versus 12/05/2014 respectively. Post-surgical treatment guidelines recommends as follows: Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks* Postsurgical physical medicine treatment period: 6 months Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks* Postsurgical physical medicine treatment period: 6 months Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Therefore, although the injured worker is reported to have received about 21 visits, the records shows and improvement, supporting the need for continued treatment.