

Case Number:	CM15-0103208		
Date Assigned:	06/05/2015	Date of Injury:	12/20/2012
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 is a 60 year old female who sustained an industrial injury on 12/20/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, home exercise, TENS unit, and right shoulder surgery. Diagnostic studies are not addressed. Current complaints include neck and shoulder pain. Current diagnoses include cervical sprain, right shoulder impingement, and right forearm tendonitis. In a progress note dated 05/06/15 the treating provider reports the plan of care as additional physical therapy, as well as medications including Norco, gabapentin, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Post-Op Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 postoperative physical therapy visits (two times per week times four weeks) are 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain; impingement right shoulder (rotator cuff tear and SLAP tear); and tendinitis right forearm. According to a May 6, 2015 progress note, the documentation subjectively states the injured worker since her last evaluation on February 8, 2015 completed two physical therapy sessions to the neck and shoulder that is beginning to help. The injured worker performs on exercises using a TENS unit post repair to the right rotator cuff. A progress note dated April 29, 2015 shows the injured worker completed #13 physical therapy sessions. The guidelines provide for a six visit clinical trial. With evidence of objective functional improvement, additional physical therapy (guidelines recommend 24 visits over 14 weeks arthroscopic repair shoulder) may be clinically indicated. The documentation does not contain evidence of continued objective functional improvement over the postoperative period (November 2014). Consequently, absent clinical documentation with physical therapy progress notes and evidence of objective functional improvement with ongoing physical therapy (#13) and the total number of physical therapy sessions to date (as of May 6, 2015), 8 postoperative physical therapy visits (two times per week times four weeks) are not medically necessary.