

Case Number:	CM15-0111582		
Date Assigned:	06/18/2015	Date of Injury:	11/15/2013
Decision Date:	07/23/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Emergency 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:

This 41 year old woman sustained an industrial injury on 11/15/2013 after becoming stuck on a wooden platform and attempting to pull herself up. Evaluations include right shoulder MRI dated 7/29/2014 and right shoulder x-rays dated 11/25/2014. Diagnoses include rule out biceps tendinitis, right shoulder rotator cuff arthropathy, and right shoulder osteoarthritis. Treatment has included oral medications, chiropractic care, cervical spine steroid injections, and physical therapy. Physician notes dated 4/8/2015 show complaints of right shoulder pain rated 6/10 with radiation tot eh bicep and elbow. Recommendations include surgical intervention, Percocet, Keflex, Ambien, Zofran, right shoulder sling, ice, post-operative physical therapy, pre-operative laboratory testing, electrocardiogram, chest x-ray, internal medicine consultation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right shoulder, twice a week for six weeks for CPT codes: 97001, 97750, 97110, 97112, 97116, 97140: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: The requested Post-operative physical therapy for the right shoulder, twice a week for six weeks, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27 recommend up to 24 post-op physical therapy sessions for this condition. The injured worker has right shoulder pain rated 6/10 with radiation to the biceps and elbow. Recommendations include surgical intervention and post-op physical therapy and the injured worker is pending surgical repair. The medical necessity for some of the requested physical therapy CPT codes has been established i.e. 97001 (Physical therapy evaluation), 97750 (Functional capacity evaluation), 97110 (therapeutic exercises), and 97140 (manual therapy/training). However, the treating physician has not documented the medical necessity for CPT code # 97116 (therapeutic procedure gait training) for the shoulder. The criteria noted above not having been met, Post-operative physical therapy for the right shoulder, twice a week for six weeks is not medically necessary.