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| Case Number: | CM15-0121512 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 11/15/2013 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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:

This 41 year old woman sustained an industrial injury on 11/15/2013 after she became stuck while walking on a platform and used her right arm to pull herself up. Although she reported the injury immediately, she was not referred for care for four days. Evaluations include right shoulder MRI dated 7/29/2014 and right shoulder x-rays dated 11/25/2014. Diagnoses include rule out biceps tendinitis and osteoarthritis of the right shoulder. Treatment has included oral medications, chiropractic care, and physical therapy. Physician notes dated 5/20/2015 show complaints of right shoulder pain rated 6/10 with radiation to her bicep and elbow. Recommendations include surgical intervention, post-operative Percocet, Keflex, Ambien, Zoloft, right shoulder sling, ice, physical therapy, pre-operative chest x-ray, EKG, laboratory testing, 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:

Physical Therapy 2 x week x 6 weeks Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, physical therapy two times per week times six weeks to 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. In this case, the injured worker's working diagnoses are rule out right biceps tendinitis; rotator cuff arthropathy right shoulder; and osteoarthritis right shoulder. Documentation from a May 20, 2015 progress note states arthroscopy of the right shoulder was authorized on May 7, 2015. However, preoperative labs were denied. The injured worker is awaiting scheduling for a preoperative workup. The treating provider requested 12 sessions of postoperative physical therapy two times per week times six weeks. The guidelines recommend a six visit clinical trial and pending objective functional improvement additional physical therapy is clinically indicated. The treating provider requested 12 physical therapy sessions in excess of the recommended six visit clinical trial. Consequently, absent guideline recommendations for a six visit clinical trial, physical therapy two times per week times six weeks to right shoulder is not medically necessary.