MAXIMUS Federal Services

Case Number:	CM15-0174620		
Date Assigned:	09/16/2015	Date of Injury:	04/03/2014
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 50-year-old male, who sustained an industrial injury on April 03, 2014. The injured worker was diagnosed as having left wrist laceration, right shoulder sprain and strain, right shoulder internal derangement, right shoulder rotator cuff syndrome, myofasciitis, radiculitis, right shoulder post shoulder-neck pain (SNP). Treatment and diagnostic studies to date has included laboratory studies, medication regimen, Toradol injections, acupuncture, magnetic resonance imaging of the right shoulder, at least 15 sessions of physical therapy, status post right shoulder arthroscopy, use of an ultra-sling and abduction sling, and home exercise program. In a progress note dated July 01, 2015 the treating physician reports complaints of constant, "moderate" pain to the right shoulder. Examination performed on July 01, 2015 was revealing for decreased range of motion to the right shoulder with pain, positive impingement sign on the right, positive Apprehension sign on the right, positive Apley's sign on the right, tenderness to the right bicep and deltoid muscles, tenderness to the acromioclavicular joint on the right, "mild" effusion to the shoulder, and decreased range of motion to the left wrist. Physical therapy progress note from July 01, 2015 to July 15, 2015 noted that the injured worker had "excellent" toleration to therapy and also noted that the injured worker had performed "a lot of work over the weekend" and that the shoulder "felt great" noting no increase in pain, but the progress note did not contain the specific activities that were tolerated by the injured worker. On July 01, 2015, the treating physician requested additional eight sessions of physical therapy to the right shoulder at twice a week for four weeks. On August 04, 2015, the Utilization Review determined the request for physical therapy to the right shoulder at twice a week for four weeks to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder, twice a week for four weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Based on the 7/31/15 progress report provided by the treating physician, this patient presents with no reports of subjective pain over the left wrist, but moderate right shoulder pain rated 3/10 on VAS scale. The treater has asked for Physical Therapy for the right shoulder, twice a week for four weeks on 7/31/15. The request for authorization was not included in provided reports. The patient is s/p increased tension, sleeplessness, frustration, and anxiety since industrial injury per 7/31/15 report. Per physical therapy report dated 7/15/15, the patient has had 15 physical therapy sessions from 6/10/15 to 7/15/15. The treater mentions that physical therapy has been helpful in reducing pain and will require another course of therapy to return to work per 7/1/15 report. The patient is to continue with a home exercise program and stretching program per 7/31/15 report. The patient is s/p right shoulder arthroscopic synovectomy, debridement of Type 1 SLAP lesion, and subacromial decompression from 3/28/15 per operative report of same date. The patient's work status is temporarily totally disabled through 8/14/15, and will return to work full duty on 8/15/15 per 7/31/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Shoulder, page 26,27: 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. 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 In this case, the patient has had 15 sessions of postsurgical physical therapy to the right shoulder per 7/31/15 report. The treater is requesting an additional 8 physical therapy sessions. Per utilization review letter dated 8/11/15, the patient has received 3-6 months of conservative treatment and the physical therapy treatment history was not included. The patient has had 15 prior sessions of therapy with good relief from pain, and the current request for 8 additional sessions in order to return to work, is in accordance with MTUS guidelines. The request is medically necessary.