MAXIMUS Federal Services

Case Number:	CM15-0025937		
Date Assigned:	02/18/2015	Date of Injury:	10/21/2013
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
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 45-year-old female, who sustained an industrial injury on 10/21/13. She has reported pain in the lower back and right knee related to cumulative trauma. The diagnoses have included lumbar radiculopathy, partial supraspinatus tear right shoulder and status post right knee surgery. Treatment to date has included physical therapy x 24 sessions, x-rays and oral medications. As of the PR2 dated 1/14/15, the injured worker reports sharp pain in the right shoulder with certain movement. She takes Advil for any soreness. The treating physician noted a negative impingement test. The treating physician requested continued physical therapy 2 x week for 6 weeks to the right shoulder. On 1/29/15 Utilization Review non-certified a request for continued physical therapy 2 x week for 6 weeks to the right shoulder. The utilization review physician cited the chronic pain MTUS guidelines. On 2/4/15, the injured worker submitted an application for IMR for review of continued physical therapy 2-x week for 6 weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (Right Shoulder) 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with occasional sharp pain with certain movement in the right shoulder. The current request is for continued physical therapy (right shoulder) 2x6. The treating physician states on 1/15/15 (B8) that the patient is doing well so far. Occasional pain. Continue physical therapy at Team Physical Therapy. Patient is post scope right shoulder, RCR, SAD, debr sup labrum on 6/9/14. Post Surgical MTUS Guidelines do not apply to this request as the time frame for post surgical treatment is defined as, Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks, Postsurgical physical medicine treatment period: 6 months. Outside of the post surgical time frames, MTUS Guidelines for physical therapy recommend 8-10 sessions for myalgia type symptoms. In this case, the patient has previously received 24 post surgical physical therapy sessions. The clinical history fails to document why the patient cannot transition to a home exercise program or any current myalgia type symptoms and/or rational for the additional therapy request. Regardless, the request could not be approved as submitted because 12 additional sessions would exceed the 8-10 sessions outlined by MTUS. Therefore, the current request exceeds the MTUS recommendations and there is no supporting documentation to explain the need for an additional 12 sessions of physical therapy for the right shoulder at this time. Recommendation is for denial.