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| Case Number: | CM15-0040272 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 03/04/2014 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: 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 55 year old female who sustained an industrial injury on 3/4/14. The injured worker reported symptoms in the neck and upper extremities. The injured worker was diagnosed as having cervical spine sprain/strain; rule out cervical spine degenerative disc disease, status post right shoulder arthroscopic surgery June 2014, small disc protrusions of the cervical spine and depression. Treatments to date have included acupuncture treatments, rest and activity modification. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "constant pain in her right shoulder traveling to her left shoulder, right forearm...rates her pain as 9...difficulty falling asleep due to pain, pain is aggravated by repetitive neck bending, repetitive overhead reaching...pushing, pulling, gripping, grasping and lifting heavy objects."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for the right shoulder and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. Medical records document a history of right shoulder injury and rotator cuff tear. Right shoulder arthroscopic surgery was performed in June 2014. The patient had 12 post-operative physical therapy treatments. The progress report dated 12/4/14 documented diagnoses of cervical spine sprain and strain, cervical spine disc protrusions, cervical spine degenerative disc disease, and status post right arthroscopic surgery in June 2014. Physical examination demonstrated right shoulder tenderness and decreased range of motion. Twelve additional visits of physical therapy were requested. MTUS Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. The patient had completed twelve PT physical therapy visits, and has residual tenderness and decreased range of motion. The request for 12 additional physical therapy visit is supported by MTUS guidelines. Therefore, the request for physical therapy is medically necessary.