

Case Number:	CM15-0071471		
Date Assigned:	04/21/2015	Date of Injury:	01/15/2015
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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 50 year old woman sustained an industrial injury on 1/15/2015. The mechanism of injury is not detailed. Evaluations include right shoulder MRI. Diagnoses include full thickness rotator cuff tear of the right shoulder. Treatment has included oral medications. Physician notes, an initial evaluation by an orthopedic surgeon, dated 2/20/2015 show complaints of constant right shoulder pain with limited motion. Recommendations include activity modification, request MRI report, continue antibiotics, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 3, 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 three times per week times three weeks to the 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 reported for thickness rotator cuff tear right shoulder; and recent surgery left foot for infection still on IV antibiotics. The medical record contains 14 pages with one progress note dated February 20, 2015. The injured worker's primary complaint is related to the foot surgery and PICC for IV antibiotics. The utilization review indicates the reviewing UR physician initiated a peer-to-peer conference call with the treating physician on April 8, 2015. The requesting physician told the UR reviewing physician the claimant's clinical presentation was compatible with a full thickness rotator cuff tear with decreased range of motion and weakness. The treating physician was not recommended conservative treatment and therefore preoperative physical therapy three times per week times three weeks to the right shoulder was not being requested. There is no written documentation (other than the utilization review) setting forth these facts. The documentation indicates there was a March 30, 2015 progress note used for utilization review purposes. The March 30, 2015 progress note was not present in the medical record for review. Consequently, based on the medical record documentation and the peer-to-peer conference call (stating preoperative physical therapy three times per week to the right shoulder was not being requested and not recommended), physical therapy three times per week times three weeks to the right shoulder is not medically necessary.