

Case Number:	CM15-0093187		
Date Assigned:	05/19/2015	Date of Injury:	11/01/2013
Decision Date:	06/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old female, who sustained an industrial/work injury on 11/1/13. She reported initial complaints of right neck and shoulder pain along with right elbow pain. The injured worker was diagnosed as having impingement syndrome of right shoulder, right rotator cuff tear, and right carpal tunnel syndrome. Treatment to date has included medications, physical therapy (24 sessions), surgery (right shoulder arthroscopy with rotator cuff repair, subacromial decompression and biceps tenotomy on 12/3/14), and physical therapy, home exercise program. MRI results were reported on 8/14/14 that revealed rotator cuff tendinosis, a tiny partial thickness intrasubstance tear in the posterior fibers of the supraspinatus tendon at the humeral attachment, mild hypertrophic degenerative changes of the acromioclavicular joint, which abuts the supraspinatus muscle tendinous junction. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/2/15 noted evidence of right median sensory mononeuropathy about the wrist, mild in severity and demyelinating in type. Currently, the injured worker complains of right shoulder pain that is aching and rated 4/10 with right hand thumb index finger numbness/pain rated 8/10. Per the consulting physician report on 4/16/15, examination notes tender with palpation at anterior shoulder flexion at 140 and external rotation at 40. The right hand is tender to palpation at snuffbox with positive Tinel's sign. Current plan of care included continuing acetaminophen and therapy. The requested treatments include Physical Therapy renewal for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy renewal for the right shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface ½ Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Additionally, ODG states "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks." The medical documentation provided indicates this patient has had 24 post-operative physical therapy sessions. The request for 12 additional sessions is far in excess of MTUS and ODG guidelines. Additionally, this patient should be familiar with a home exercise program at this time. As such, the request for physical therapy renewal for the right shoulder, twice a week for six weeks is not medically necessary.