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| Case Number: | CM15-0094178 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 12/29/2009 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female, with a reported date of injury of 12/29/2009. The diagnoses include right shoulder partial thickness rotator cuff tear versus high-grade tendinopathy, right shoulder impingement, left shoulder status post rotator cuff repair, subacromial decompression, and extensive debridement, and left shoulder post-operative adhesive capsulitis. Treatments to date have included oral medications, topical pain medications, physical therapy, acupuncture, an MRI of the left shoulder on 11/13/2013 which showed supraspinatus tendinopathy, and an MRI of the right shoulder on 06/27/2013 which showed a supraspinatus tendon tear. The progress report dated 03/23/2015 indicates that the injured worker was status post left shoulder arthroscopy, rotator cuff repair with some post-operative adhesive capsulitis. Her right shoulder had a partial thickness rotator cuff repair versus high-grade tendinopathy and impingement. The injured worker complained of pain in her bilateral shoulders, and rated the pain 3-9 out of 10. She wanted to continue physical therapy. The physical therapy reports were not included in the medical records. The right shoulder examination showed pain with range of motion, normal strength with internal rotation and external rotation, pain with impingement, pain with most provocative motions at the shoulder, and neurovascularly intact distally. An examination of the left shoulder showed well-healed incision sites, no signs of infection, normal strength with internal rotation and external rotation, tenderness to palpation, pain with most provocative motions at the shoulder, and neurovascularly intact distally. The treating physician requested physical therapy (unknown duration). It was noted that the injured worker continued to struggle. The possibility of surgery for her

right shoulder was discussed. The injured worker was not interested in having the surgery at that time. She was interested in trying some formal physical therapy. The treating physician felt that it was a good idea, especially for the left shoulder, which was not fully recovered. The duration of the physical therapy was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Unknown Duration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic); Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in December 2009. A left rotator cuff repair was done in March 2014. She is also being treated for a right rotator cuff tear and surgery is being considered. When seen, there was minimally decreased left shoulder range of motion. There was mild bilateral shoulder weakness and right rotator cuff impingement tests were positive. Authorization for 12 physical therapy sessions was requested. Guidelines recommend up to 10 visits over 8 weeks for the medical treatment of rotator cuff tendinitis. In this case, the number of treatments being requested is in excess of the guideline recommendation. Additionally, the claimant has already had physical therapy for the left shoulder and the same therapeutic content would be expected. The request is not medically necessary.