

Case Number:	CM15-0099126		
Date Assigned:	06/01/2015	Date of Injury:	08/15/2014
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 63 year old female, who sustained an industrial injury on 08/15/2014. She reported injuring her right shoulder while holding a patient. The injured worker is currently off work. The injured worker is currently diagnosed as having labral tear of the right shoulder, complete tear of the right rotator cuff, and status post right shoulder arthroscopic surgery. Treatment and diagnostics to date has included completing 28 of 36 physical therapy sessions, right shoulder surgery, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of minimal right shoulder discomfort at rest but still has pain with range of motion. Objective findings include no redness or swelling to right shoulder. The treating physician reported requesting authorization for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x12: 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 Medicine Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 17 and 18.

Decision rationale: The patient presents with labral tear of the right shoulder and complete tear of the right rotator cuff, and is status post right shoulder arthroscopic surgery on 12/03/14, as per progress report dated 03/12/15. The request is for PT x 12. The patient's date of injury is 08/15/14. The patient is off work at this time, as per progress report dated 04/23/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 17 and 18, recommend 24 visits over a period of 14 weeks for shoulder arthroscopy process. In this case, the patient was authorized for 8 sessions of PT, as per authorization of services report dated 09/09/14. The patient subsequently underwent right shoulder surgery on 12/03/14 and was authorized for 24 sessions of PT, as per authorization of services report dated 12/16/14. The patient was authorized for another 12 sessions of PT as per authorization of services report dated 04/09/15. As per PT report, dated 04/22/15, the patient has completed 27 sessions of PT. In progress report dated 04/23/15, the provider states that she has been working diligently with physical therapy, both with a therapist as well as a home exercise program. She has noted some improvements but continues to have limitations with elevation and abduction. Although the patient is still within the post-operative time frame, she has already been authorized for 24 sessions recommended by MTUS in surgical cases and 8-10 sessions recommended in non-operative cases. It is not clear why the patient has not transitioned into a HEP yet. Nonetheless, the current request for 12 sessions is excessive and is not medically necessary.