

Case Number:	CM15-0099229		
Date Assigned:	06/01/2015	Date of Injury:	08/16/2011
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
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 57 year old male, who sustained an industrial injury on August 16, 2011. The injured worker was diagnosed as having right shoulder rotator cuff tear repair, glenohumeral arthritis and left shoulder impingement. Treatment to date has included ice, rest, non-steroidal anti-inflammatory drug (NSAID), narcotic medication, physical therapy and surgery. A progress note dated March 31, 2015 the injured worker complains of right shoulder pain. He reports pain is much better and that the pain is mild. He reports steady improvement with physical therapy. He also reports left shoulder pain with clicking, popping and catching. Symptoms are gradually worsening. Physical exam notes bilateral shoulder atrophy, decreased range of motion (ROM) and the left shoulder is mildly positive impingement. X-rays and magnetic resonance imaging (MRI) were reviewed. The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 4Wks for the right shoulder, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 08/16/11 and presents with right shoulder pain. The request is for physical therapy 3 x week x 4 weeks for the right shoulder qty 12. The RFA is dated 04/06/15 and the patient's current work status is not provided. The utilization review denial letter states that the patient underwent a rotator cuff repair on 10/31/14 and "was improving with physical therapy." The 03/31/15 report states that the request is for a total of 12 sessions of physical therapy for the right shoulder. "The patient is to avoid any activity which causes pain. The patient is encouraged to continue his home exercise program for bilateral shoulder stretching and rotator cuff strengthening and to perform these exercises diligently." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with right shoulder rotator cuff tear repair, glenohumeral arthritis and left shoulder impingement. Treatment to date has included ice, rest, nonsteroidal anti-inflammatory drug (NSAID), narcotic medication, physical therapy and surgery. The patient has had prior physical therapy; however, there is no indication of when all of these sessions took place, how many total sessions of therapy the patient, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. MTUS also allow 9-10 sessions for myalgia/myositis type of condition, and the patient is outside of post-operative time frame. The request exceeds what is allowed per MTUS. Therefore, the request IS NOT medically necessary.