MAXIMUS Federal Services

Case Number:	CM14-0107332		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2012
Decision Date:	10/14/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old male who was injured on 02/08/12 due to repetitive heavy overhead lifting. The injured worker is status post right shoulder arthroscopic subacromial decompression and debridement performed on 11/08/13. Records indicate the injured worker participated in postoperative physical therapy in December 2013 and March-April 2014. Clinical note dated 12/12/13 includes a physical examination of the right shoulder which reveals 170 degrees flexion, 170 degrees abduction and normal adduction, IR and ER. Mild tenderness with a negative impingement sign, Hawkin's and Speed test is noted. Progress report dated 04/16/14 states the injured worker has concluded physical therapy but continues to have pain at the anterior aspect of the right arm with overhead reaching. Physical examination on this date reveals normal ROM with Flexion, Abduction, IR and ER. There is point tenderness upon palpation of the bicipital tendons and Speed's test is positive. An MRI is requested. MRI of the right shoulder dated 05/12/14 reveals subscapularis tendinosis and mild supraspinatus tendinosis without a full-thickness tear. A trace amount of fluid is noted in the subacromial/subdeltoid bursa. There is AC joint hypertrophy, degeneration and edema. Most recent clinical note dated 06/02/14 notes the injured worker reports symptoms have not resolved. Physical examination on this date reveals normal ROM, no motor weakness about the upper extremity, normal DTRs and normal sensation to all dermatomes. Neer sign and Hawkin's tests are positive. A Celestone injection is given on this date. The treatment plan includes continued physical therapy. A request for 8 sessions of physical therapy is submitted on 06/10/14. Utilization Review dated 06/17/14 modifies this request for 2 visits of physical therapy citing guidelines which apply to post-injection therapy. This is an appeal request for 8 sessions of physical therapy to 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 two times a week for four weeks to the 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 rationale: The request for physical therapy to the right shoulder at a rate of twice per week for four weeks (8 sessions) is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The most recent physical examination submitted fails to reveal functional limitations that would warrant further treatment with physical therapy. Records indicate the injured worker participated in postoperative physical therapy in December 2013 and was participating in physical therapy in March and possibly June of 2014. Records do not clearly identify the amount of physical therapy the injured worker has received to date; however records indicate the injured worker reports the pain does not resolve. As such, the efficacy of physical therapy on the injured worker's right shoulder pain is questionable. Moreover, given the fact that the injured worker has participated in what appears to be multiple courses of formal physical therapy, the injured worker should reasonably be able to participate in a home exercise program. There are no barriers noted which would prevent the injured worker from transitioning to a home exercise program. The injured worker underwent an injection of the right shoulder and one or two post-injection physical therapy visits may have been appropriate, but there is no need for 8 sessions of physical therapy at this time. Based on the clinical information provided, medical necessity of additional physical therapy at a rate of twice per week for four weeks is not established.