

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024730 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 12/17/2003 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a repetitive stress work related injury to the upper extremities and shoulders with date of injury of December 17, 2003. She underwent left rotator cuff surgery in 2001 and right rotator cuff surgery, bilateral carpal tunnel surgery, and trigger finger releases in 2000. Her right shoulder surgery was repeated in December 2003 and she underwent another arthroscopic left shoulder surgery in June 2013. Prior treatments had included numerous courses of physical of physical therapy both before and after her surgeries. She was seen by the requesting provider on February 11, 2014. She was having bilateral shoulder pain. She was considering right shoulder surgery. She was requesting physical therapy two times per week for six weeks for her shoulder. She was taking medications including NSAIDs (non-steroidal anti-inflammatory drugs), Vicodin, and was also taking Imitrex for headaches. Physical examination findings included decreased shoulder range of motion bilaterally with painful arcs of motion bilaterally. An MRI of the right shoulder is referenced as having been positive. Nabumetone 500 mg #90, hydrocodone-acetaminophen 5/325 mg #30, and Imitrex 25 mg #9 were prescribed. Physical therapy two times per week for six weeks was requested. Goals of increased range of motion and strength are referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 96-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain Chapter, Physical medicine Treatment, (2) Preface, Physical Therapy Guidelines, and (3) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: The claimant is being treated for chronic bilateral shoulder pain. She has undergone more than one surgical procedure for each shoulder and treatments have included numerous courses of physical therapy. The claimant's prior treatments would have included a home exercise program and patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for stretching and strengthening. Providing skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. Finally, if further physical therapy were indicated, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected. The number of visits requested, therefore is also in excess of the applicable guidelines. The request for six sessions of physical therapy for the right shoulder is not medically necessary or appropriate.