

Case Number:	CM15-0134680		
Date Assigned:	07/23/2015	Date of Injury:	01/21/2015
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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 57-year-old male who sustained an industrial injury on 01/21/2015. Mechanism of injury was a fall injuring his right shoulder. Diagnoses include cervical spondylosis, osteoarthritis of the left shoulder, cervical disc degeneration, contusion of the shoulder, and contusion of the back. Treatment to date has included diagnostic studies, medications, injections and physical therapy. On 02/10/2015 a unofficial report of a Magnetic Resonance Imaging of the right shoulder revealed type 2-3 acromion, moderately severe acromioclavicular joint hypertrophy, mild supraspinatus tendinosis, minimal bursa fraying, slight thickening of the axillary pouch-inferior GH ligament which may be associated with minimal adhesive capsulitis. On 01/21/2015 x rays of the right hand, right wrist, right elbow, and right shoulder showed not fractures or acute processes. He is not working. A physician progress note dated 06/05/2015 documents the injured worker continues to experience pain in his right shoulder, upper back and neck. He has had an injection but it did not help. Pain in his right knee and right elbow and right wrist has resolved. He has decreased cervical spine and thoracic spine range of motion, with right paravertebral-trapezius, scapular tenderness. He has decreased right shoulder range of motion with lateral -trapezius tenderness, and he has diminished strength secondary to pain. Treatment requested is for 12 additional therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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 January 2015 when he fell down 12 stairs and continues to be treated for neck, upper back, and right shoulder pain. When seen, he had participated in two courses of physical therapy with completion of 12 treatment sessions with some benefit. There was decreased spinal range of motion with paraspinal, trapezius, and scapular pain. There was decreased cervical and shoulder range of motion. Diagnoses included osteoarthritis of the shoulder and a shoulder contusion. Guidelines recommend up to 9 therapy treatment sessions over 8 weeks for this condition. In this case, the claimant has completed more than the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. 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 TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested additional physical therapy was not medically necessary.