

Case Number:	CM15-0135846		
Date Assigned:	07/23/2015	Date of Injury:	04/25/2013
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 58 year old female who sustained an industrial /work injury on 4/25/13. She reported an initial complaint of right shoulder pain. The injured worker was diagnosed as having adhesive capsulitis of right shoulder. Treatment to date includes medication, physical therapy, shoulder injection, surgery (right shoulder arthroscopy and SLAP (superior labrum anterior/posterior) debridement, and acupuncture. MRI results were reported on 5/19/14. X-ray results were reported on 11/18/14 and were negative. Currently, the injured worker complained of right arm pain (shoulder to wrist). Acupuncture helped most. Per the primary physician's report (PR-2) on 6/9/15, exam notes pain on the dorsal and radial aspect of the wrist and extending up the forearm. Palpation reveals tenderness at the acromioclavicular (AC) joint and the anterior shoulder, no effusion or crepitus, positive Neer, Hawkins, rotator strength 4-/5. There is diffuse tenderness to right wrist, wrist joint, dorsal forearm, and mild tenderness to radial styloid. Findings are consistent with bicipital tendinitis and shoulder impingement. Current plan of care included continuation of acupuncture and more physical therapy. The requested treatments includes physical therapy, right shoulder for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder, 4 visits: Overturned

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

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. The medical records note that the request for physical therapy is for education in a home exercise program. The injured worker has positive objective functional deficits on clinical examination that support proper education and transfer to a home exercise regimen. The request for physical therapy, right shoulder, 4 visits is medically necessary and appropriate.