

Case Number:	CM15-0137024		
Date Assigned:	07/27/2015	Date of Injury:	10/17/2012
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 45 year old male, who sustained an industrial injury on October 17, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having biceps tendon tear-long head of the biceps, tendinosis, superior labrum anterior and posterior tear of the right shoulder, impingement syndrome of the right shoulder, and calcific tendinitis of the right shoulder. Treatment and diagnostic studies to date has included home exercise program, use of heat, use of ice, physical therapy, medication regimen, laboratory studies, use of a transcutaneous electrical nerve stimulation unit, and electromyogram with nerve conduction velocity of the bilateral upper extremities. In a progress note dated June 19, 2015 the treating physician reports complaints of a recent exacerbation of aching, burning pain to the right shoulder with numbness to the right ulnar distribution to the right upper extremity. Examination reveals a positive Tinel's test to the right cubital tunnel, decreased range of motion to the right shoulder, tenderness to the right anterior shoulder and latissimus dorsi, and decreased sensation to the right upper extremity in the ulnar distribution. The treating physician noted 50% of pain relief with the use of a transcutaneous electrical nerve stimulation unit. The documentation also noted that the injured worker is able to work and can complete his activities of daily living with the use of his medication regimen. The injured worker's pain level was rated a 4 out of 10 without the use of his medication regimen and rates the pain level a 1 out of 10 with the use of his medication regimen. The documentation provided noted prior physical therapy of an unknown quantity and did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The treating

physician requested physical therapy one to two times a week for six weeks for the right shoulder with the treating physician noting that the injured worker would benefit from physical therapy to assist with a recent exacerbation of pain and to assist with his range of motion. The treating physician also noted that future sessions of physical therapy for exacerbations of pain was recommended in his future medical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week for six weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis are biceps tendon tear - long head biceps, s/o tenodesis; SLAP tear right shoulder; impingement syndrome right shoulder; and calcific tendinitis right shoulder. Date of injury is October 17, 2012. Request for authorization is dated June 19, 2015. According to a progress note dated June 19, 2015 injured worker has a flare-up of pain in the right shoulder. The injured worker underwent biceps tendon tear repair and is reportedly engaged in a home exercise program. Subjectively, the injured worker has a pain scale 4/10 without medications and 1/10 with medications. The injured worker utilizes TENS and massage. Symptoms are unchanged in the last visit. Objectively, motor strength was normal 5/5 with tenderness overlying the anterior shoulder. There are no clear-cut shoulder deficits in the medical record. The total number of physical therapy sessions from the surgical post-operative period to the present is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. Consequently, absent clinical documentation clear-cut shoulder deficits (both subjective and objective), documentation demonstrating objective functional improvement and the total number of physical therapy sessions to date, physical therapy 1 to 2 times per week for six weeks to the right shoulder is not medically necessary.