

Case Number:	CM15-0142275		
Date Assigned:	08/03/2015	Date of Injury:	10/30/2008
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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 54-year-old male who sustained an industrial injury on 10-30-08. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, acupuncture to the right shoulder, and physical therapy to the left shoulder. Diagnostic studies include a MRI of the left shoulder on 05-13-15, which showed osteoarthritis, and a partial tear of the left supraspinatus tendon and of the left subscapularis tendon, and tendinosis. Current complaints include left shoulder bicipital tendinitis, left shoulder rotator cuff tendinitis with impingement, and left shoulder acromioclavicular arthritis. In a progress note dated 07-01-15, the treating provider reports the plan of care as additional acupuncture and physical therapy. The requested treatments include additional physical therapy to the left shoulder. The documentation supports that the injured worker had 6 sessions of physical therapy to the left shoulder approved on 05/27/15. The injured worker has received an unknown number of therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, left shoulder, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99, 48.

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 has a history of a work injury occurring in October 2008 and continues to be treated for shoulder pain. He has a history of two right shoulder arthroscopic surgeries with debridement and biceps tenodesis. He is currently being treated for bilateral shoulder pain with shoulder impingement syndrome. Recent treatments have included corticosteroid injections. He was evaluated for physical therapy on 06/17/15. When requested, he had completed four treatment sessions. He was also receiving acupuncture treatments. He was continuing to work as a painter. Physical examination findings included guarded range of motion and minor signs of impingement. An additional eight physical therapy treatment sessions were requested. Guidelines recommend up to 10-therapy treatment sessions over 8 weeks for the treatment of rotator cuff impingement syndrome. In this case, the claimant was actively receiving therapy. Patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.