

Case Number:	CM15-0143314		
Date Assigned:	08/04/2015	Date of Injury:	01/18/2013
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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 46 year old female who sustained an industrial injury on 1-18-13. She had complaints of right shoulder pain. Treatments include: medication, physical therapy, injections, and surgery. Progress report dated 6-26-15 reports follow up evaluation status post right shoulder anterior stabilization and right ulnar nerve release surgery performed on 10-29-14. She is having a severe flare up of right shoulder pain with stiffness, swelling and weakness. The numbness and tingling of the right hand has improved but there is still localized pain, burning and swelling at the incision site on the elbow. Diagnoses include: posterior labral periosteal sleeve avulsion and mild right ulnar neuropathy. Plan of care includes: recommend cortisone injection today, physical therapy 8 sessions and a gym membership for 6 months. Work status: permanent and stationary with permanent restriction stated in qualified medical evaluation; no lifting more than 10 pounds, no overhead work, no repetitive reaching, pulling, pushing. Driving a van is okay, large bus steering wheel use not allowed. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right shoulder 2 times a week for 4 weeks for shoulder pain as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2013 and underwent a right shoulder arthroscopic subacromial decompression in June 2013 without improvement. A second surgery was performed in October 2014 where an anterior stabilization of the shoulder and right ulnar nerve release was performed. In March 2015, she had improved with therapy and an injection. She was working on a home exercise program. Additional physical therapy was requested. When seen, she was having increased right shoulder pain. There had been improvement and right hand numbness and tingling. Physical examination findings included decreased shoulder range of motion with positive impingement testing and muscle tenderness. There was decreased elbow range of motion with swelling and incisional tenderness. There was decreased right hand sensation. An injection was performed. Additional physical therapy and a 6-month gym membership was requested. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise 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.