

Case Number:	CM15-0143473		
Date Assigned:	08/04/2015	Date of Injury:	08/01/2014
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
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 was a 54 year old female, who sustained an industrial injury, August 1, 2014. The injured worker previously received the following treatments home exercise program, right shoulder MRI showed a full thickness complete tear of the supraspinatus tendon which retraction to the top of the infraspinatus tendon with a low grade interstitial tearing throughout its course, TENS (transcutaneous electrical nerve stimulator) unit was helpful, Flexeril, Norco for pain, Home exercise program several times during the day, acupuncture, Gabapentin and Lidoderm cream. The injured worker was diagnosed with right shoulder surgery November 20, 2014, rotator cuff (capsule) tear, and bicipital tendinosis with partial tear, gastritis and myofascial pain. According to progress note of April 22, 2015, the injured worker's chief complaint was right shoulder pain with some burning sensations over the incisions. There was radiating pain in the neck with stiffness and tightness. The injured worker reported the TENS units was helpful. The injured worker also reported issues with sleeping. The injured worker rated the pain at a 10 out of 10 and severe. The treatment plan included physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines ACOEM page 114.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. 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 August 2014 and underwent a rotator cuff repair and biceps tenodesis in November 2014. When seen, pain was rated at 9/10. She was having neck stiffness and tightness. She was performing home exercises will times per day without a specific program. Physical examination findings included decreased shoulder range of motion. Recommendations included physical therapy and continued acupuncture treatments. Pain medications were refilled. A trial of TENS was started. Post surgical treatment after the claimant's shoulder arthroscopy includes a postsurgical physical medicine treatment period of 6 months which has been exceeded. The claimant is being treated under the chronic pain guidelines. 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 revise the claimant's home exercise program. The request was not medically necessary.