

Case Number:	CM15-0144120		
Date Assigned:	08/05/2015	Date of Injury:	02/14/2012
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 56-year-old female who sustained an industrial injury on 02-14-2012 due to lifting. Diagnoses include rotator cuff sprain and strain; other affections of the shoulder region, not elsewhere classified; adhesive capsulitis of the shoulder; and lack of coordination. Treatment to date has included medications, physical therapy and home exercise. According to the progress notes dated 5-4-2015, the IW reported right shoulder pain with any repetitive overhead activities and pain with activities of daily living, such as dressing or combing her hair. She had continued to work. On examination, the right shoulder demonstrated 80% active and 90% passive range of motion with a 30% internal rotation contracture with pain at the end points. She had a very painful arc of motion in abduction greater than forward flexion. There was positive impingement sign. No joint tenderness was noted to palpation or aggravating maneuvers. Rotator cuff testing was 5 out of 5 except supraspinatus isolation was 4+ out of 5 with mild pain with isolation and loading. Mild scapular dyskinesia was demonstrated. Fluoroscanner x-ray of the right shoulder showed moderate acromioclavicular joint degenerative changes. MRI on 6-27-2014 showed probable enchondroma in the proximal humerus. A request was made for 12 physical therapy sessions for the right shoulder to provide conservative care for her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. Additionally, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. Finally, there is no statement indicating that the currently requested therapy would be substantially different from the therapy provided previously if the patient has exceeded the maximum number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.