

Case Number:	CM15-0144264		
Date Assigned:	08/05/2015	Date of Injury:	01/21/2014
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
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: 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 39 year old male who sustained an industrial injury on 01-21-14. Initial complaints and diagnoses are not available. Treatments to date include an unknown number of physical therapy sessions, trigger point injections, medications, and injections. Diagnostic studies include a MRI and x-rays, none of which were available for review in the submitted documentation. Current complaints include left shoulder pain. Current diagnoses include left shoulder strain, left shoulder rotator cuff injury and myofascial pain symptoms. In a progress note dated 06-16-15 the treating provider reports the plan of care as acupuncture, physical therapy, Naproxen, and possible an epidural of the lumbar spine. The requested treatments include additional physical therapy and a cortisone injection into the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection x1 left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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), Steroid injections.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left shoulder pain. Treatments have included physical therapy with benefit and trigger point injections, which had not helped. When seen, there was decreased shoulder range of motion with shoulder and rotator cuff tenderness. There was decreased strength. Recommendations included physical therapy and a shoulder injection. An MRI of the shoulder included findings of acromioclavicular joint arthritis. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Imaging findings support the injection being requested and prior trigger point injections have not helped. The requested injection is medically necessary.

Physical therapy x8 sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

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 (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left shoulder pain. Treatments have included physical therapy with benefit and trigger point injections, which had not helped. When seen, there was decreased shoulder range of motion with shoulder and rotator cuff tenderness. There was decreased strength. Recommendations included physical therapy and a shoulder injection. An MRI of the shoulder included findings of acromioclavicular joint arthritis. 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 claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended and not medically necessary. Additionally, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.