

Case Number:	CM15-0160095		
Date Assigned:	08/26/2015	Date of Injury:	01/08/2013
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42-year-old male who sustained an industrial injury on 1-8-13. His initial complaint was sudden pain in the left shoulder and the injury was sustained as he was grabbing a heavy item to move it. The Panel Qualified Medical Evaluation, dated 6-15-15, indicates that his shoulder pain "increased by the next day". He reported the incident to his supervisor and was referred to an occupational health provider. He received physical therapy and medications, but continued to have pain. He was referred to an orthopedic surgeon and more physical therapy was recommended. On 4-26-13, he returned to the orthopedic provider and was given a shot of cortisone, which was found not to be helpful. More physical therapy was recommended. He underwent arthroscopic surgery on 9-11-13 for subacromial decompression, labrum repair and biceps tendon repair. He received postoperative physical therapy. His symptoms continued and he underwent a second arthroscopy with capsular release and manipulation for a diagnosis of adhesive capsulitis in August 2014. He received postoperative physical therapy. Two cortisone injections were also given after the second surgery. On the 6-15-15 examination, he complained of ongoing left shoulder and upper extremity pain. He described the pain as burning and tightness sensation, which gets worse with cold weather and overuse. He reported rest and activity modification improved his symptoms. He was receiving Oxycodone, Lidocaine patches, and Ibuprofen. The treatment recommendations included more physical therapy, a taper of opioid medications, and the continued use of anti-inflammatory medications. The PR-2, dated 7-23-15, indicates that the injured worker presented for a follow-up of his left shoulder pain. He was noted to have "continued pain and mild stiffness". He was noted to be receiving Percocet on an "as needed" basis. He reported "mild relief" of his pain following the last cortisone injection. His diagnoses was shoulder and arm sprain. Physical therapy was recommended, as well as refilling

his Percocet medication. The record states that the injured worker "benefited greatly" from physical therapy "in the past" and "has not had any therapy in several months".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8, shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, (Effective July 18, 2009) Page(s): 98.

Decision rationale: This claimant was injured in 2013. There was sudden pain in the left shoulder and the injury was sustained as he was grabbing a heavy item to move it. He received physical therapy and medications, but continued to have pain. Objective, functional improvements out of the last round of therapy were not noted. In fact, the records attest there were multiple rounds of physical therapy without evidence of long term objective functional improvement. He continues with left shoulder and upper extremity pain. The MTUS notes regarding physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8- 10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request is not medically necessary.