

Case Number:	CM15-0161752		
Date Assigned:	08/27/2015	Date of Injury:	08/17/2014
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
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: 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 35 year old male who sustained a work related injury August 17, 2014. While crawling under a house as a cable installer, he had a pop and pain in his right shoulder. He received medication, physical therapy and a cortisone injection. Past history included left shoulder arthroscopy and debridement May 2015. According to a primary treating physician's progress report, dated August 7, 2015, the injured worker presented with complaints of right shoulder pain. He reported that his orthopedist had requested surgery for the shoulder but was denied. Physical examination revealed; right shoulder, forward flexion painful, with active range of motion at 120 degrees. Diagnoses are sprain of unspecified site of shoulder and upper arm; shoulder impingement; disorders of bursae and tendons in shoulder region, unspecified. Treatment plan included ibuprofen as needed for pain, and at issue, a request for authorization for physical therapy three times a week for two weeks to 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 3 times a week for 2 weeks to the right shoulder: Upheld

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

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), physical therapy.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for right shoulder pain. Treatments have included physical therapy with 10 treatments through 10/15/14 and additional therapy 9 treatments as of 04/06/15. When seen, he had failed conservative treatments including physical therapy and injections. Surgery had been recommended. Physical examination findings included pain with right shoulder forward flexion. Additional physical therapy for shoulder impingement was requested. In terms of physical therapy for shoulder impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant has already had physical therapy with minimal benefit. 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 and could include use of TheraBands and a home pulley system for strengthening and range of motion. 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 further dependence on therapy provided treatments. The request is not medically necessary.