

Case Number:	CM15-0164947		
Date Assigned:	09/02/2015	Date of Injury:	05/15/2010
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 70 year old female sustained an industrial injury to the neck, left shoulder and wrists on 5-15-10. Previous treatment included right carpal tunnel release (10-13-11), physical therapy, acupuncture, injections and medications. Magnetic resonance imaging left shoulder (1-15-15) showed a split tear of the long head biceps and partial tearing of the subscapularis and supraspinatus tendons. In a PR-2 dated 7-14-15, the injured worker complained of ongoing left shoulder pain. Physical exam was remarkable for left shoulder with mild acromial tenderness to palpation, positive Hawkins and Neer's tests and diminished abduction and lateral rotation strength likely limited due to pain. X-rays of the left shoulder showed acromial arthritis and mild calcific tendinitis. The injured worker received a subacromial injection during the office visit. Current diagnoses included shoulder impingement and long head biceps tendinitis. The treatment plan included a formal physical therapy program with shoulder additional physical therapy 2 times a week for 6 weeks (one evaluation and eleven treatments) consisting of one physical therapy evaluation, therapeutic exercise, manual therapy, massage and ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder additional physical therapy 2 times a week for 6 weeks (one evaluation and eleven treatments) consisting of one physical therapy evaluation, therapeutic exercise, manual therapy, massage and ultrasound, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48, 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 May 2010 and was seen by the requesting provider for left shoulder pain on 07/14/15. Prior treatments had included acupuncture, physical therapy, and trigger point injections. When seen, she was having difficulty sleeping. She was working part time. Her BMI was over 32. There was mild tenderness with decreased strength due to pain and positive impingement testing. A subacromial injection was performed and physical therapy was requested. After a shoulder injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week. In this case, the number of visits requested is in excess of that recommended and is not considered medically necessary. Additionally, the claimant has already had physical therapy. 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. The number of visits requested is also in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary for this reason as well.