

Case Number:	CM15-0165486		
Date Assigned:	09/03/2015	Date of Injury:	04/05/2012
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This 49 year old female sustained an industrial injury on 4-05-12. She subsequently reported shoulder pain. Diagnoses include neuralgia and radiculitis. Treatments to date include MRI testing, neck and shoulder surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of left shoulder and upper extremity pain. Upon examination of the cervical spine, there is tenderness to palpation with spasms of the left upper trapezius muscle. Range of motion of the cervical spine was reduced due to pain. Left shoulder examination revealed reduced range of motion secondary to pain. The elbows and forearms exhibited tenderness to palpation over the left medial and lateral epicondyle and tenderness on palpation with spasms of the flexors. Range of motion of the left elbow is limited secondary to pain. Cubital Tinel test was positive on the left. Range of motion of the left wrist is limited secondary to pain. A request for Physical Therapy 2x6 for the left shoulder, Aqua therapy 2x6 for the left shoulder and Physical therapy 2x6 weeks for the left elbow/left wrist was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in April 2012 and underwent left shoulder arthroscopic surgery with a subacromial decompression on 01/20/15 followed by six postoperative physical therapy treatments. When seen, she was having left shoulder pain rated at 6/10. Physical examination findings included shoulder tenderness with decreased range of motion. The claimant's BMI is normal. Authorization is being requested for additional physical therapy including aquatic therapy. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has had a partial course of post-operative physical therapy with ongoing pain and decreased range of motion. The number of additional treatments for the shoulder remains within the guideline recommendation and is considered medically necessary.

Aqua therapy 2x6 for the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in April 2012 and underwent left shoulder arthroscopic surgery with a subacromial decompression on 01/20/15 followed by six postoperative physical therapy treatments. When seen, she was having left shoulder pain rated at 6/10. Physical examination findings included shoulder tenderness with decreased range of motion. The claimant's BMI is normal. Authorization is being requested for additional physical therapy including aquatic therapy. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments and has upper extremity impairments that would not require reduced weight bearing for treatment. The requested pool therapy is not medically necessary.

Physical therapy 2x6 weeks for the left elbow/left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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.

Decision rationale: The claimant sustained a work injury in April 2012 and underwent left shoulder arthroscopic surgery with a subacromial decompression on 01/20/15 followed by six postoperative physical therapy treatments. When seen, she was having left shoulder pain rated at 6/10. Physical examination findings included shoulder tenderness with decreased range of motion. The claimant's BMI is normal. Authorization is being requested for additional physical therapy including aquatic therapy. Diagnoses also include left medial and lateral epicondylitis and cubital tunnel syndrome previously treated with physical therapy. In this case, there is no new injury to the elbow or wrist and 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. 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 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 for her elbow and wrist. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.