

Case Number:	CM15-0167240		
Date Assigned:	09/08/2015	Date of Injury:	02/20/2014
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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 53 year old woman sustained an industrial injury on 2-20-2014. The mechanism of injury is not detailed. Evaluations include right shoulder x-rays dated 5-19-2014 and an undated right shoulder MRI. Diagnoses include right shoulder adhesive capsulitis, right shoulder partial thickness rotator cuff tear, and right shoulder possible superior labral tear. Treatment has included oral medications. Physician notes on a PR-2 dated 7-17-2015 show complaints of unchanged right shoulder pain rated 7 out of 10. Recommendations include physical therapy and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3 wks to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines 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 February 2014 and is being treated for right shoulder pain with diagnoses of adhesive capsulitis, a rotator cuff tear, and possible labral tear. When seen, there had been improvement after an injection at the prior visit. Physical examination findings included cervical spine tenderness with full range of motion. There was right shoulder and biceps tenderness. There was decreased and painful right shoulder range of motion. There was decreased strength. Impingement, Speeds, O'Brien and adduction tests were positive. An MRI was reviewed with findings of a small partial rotator cuff tear. Additional physical therapy was requested. Prior physical therapy was provided beginning in April 2014 with f5 treatments documented. Case notes reference completion of 39 treatments. In terms of physical therapy for adhesive capsulitis, guidelines recommend up to 16 treatment sessions over 8 weeks. The claimant is being treated for chronic pain with no new injury and has already had physical therapy reportedly well in excess of that recommended. 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 dependence on therapy provided treatments. The request is not medically necessary.