

Case Number:	CM15-0180659		
Date Assigned:	09/22/2015	Date of Injury:	03/13/2012
Decision Date:	10/26/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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 41 year old female who sustained an industrial injury on 03-13-2012. The injured worker was diagnosed with shoulder tendonitis and right rotator cuff tear. Several documents within the submitted medical records are difficult to decipher. According to the treating physician's progress report on August, 8, 2015, the injured worker's pain has remain unchanged and has been working 3 hour shifts so far going well. The injured worker feels physical therapy is helping and would like to continue therapy. Tramadol will try to be decreased from 3 times a day to twice a day. No examination was performed. A prior progress note dated July 6, 2015 noted no physical examination with pain level at 6 out of 10 on the pain scale without medications. According to the physical therapy progress note on August 3, 2015 the injured worker had improved range of motion with limited end of range of motion range. Gradual gains were noted in strength of the scapular muscles. Prior treatments included diagnostic testing, at least 12 physical therapy sessions (last session dated 08-03-2015) and medications. Current medications were listed as Tramadol. Treatment plan consists of continuing with 3 hour shifts, follow-up appointments and the current request for Physical therapy for the right shoulder times 6 visits. On 09-04-2015 the Utilization Review determined the request for physical therapy for the right shoulder times 6 visits was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy treatments for the right shoulder (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 injury in March 2012 and continues to be treated for right shoulder pain after a lifting injury. Treatments have included physical therapy and medications. Surgery had been recommended but has been declined. Recent treatments include completion of 12 therapy sessions as of 08/03/15 for a rotator cuff sprain. When seen, her pain had decreased to 4-5/10. She was continuing to take tramadol and Norco. She had been unable to tolerate Naprosyn. Physical examination findings were not recorded. Authorization is being requested for additional therapy treatment sessions. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant has already had physical therapy well in excess of that recommended for this condition. 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 additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.