

Case Number:	CM15-0180889		
Date Assigned:	09/22/2015	Date of Injury:	08/26/2014
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
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 59-year-old female, who sustained an industrial-work injury on 8-26-14. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having post traumatic left shoulder contusion, resulting in rotator cuff tear, and adhesive capsulitis, and left shoulder impingement syndrome and AC (acromioclavicular) arthritis. Treatment to date has included medication, physical therapy (16 sessions), and diagnostics. MRI results were reported on 7-1-15 of the left shoulder that noted mild to moderate acromioclavicular joint osteoarthritis, mild supraspinatus tendinopathy, probable degenerative tearing throughout the superior aspect of the glenoid labrum, and mild glenohumeral joint osteoarthritis. Currently, the injured worker complains of continued left shoulder pain with trouble with rotation, cannot reach behind and pushing, pulling, and lifting increase symptoms. Current medication includes Hydrocodone, Xanax, and Ibuprofen. Per the orthopedic primary treating physician's evaluation on 7-9-15, exam notes tenderness of the left trapezius, tenderness of the left supraspinatus scapular muscles. There is crepitation and tenderness of the AC (acromioclavicular) joint area on the left, atrophy of the supraspinatus, deltoid, and rotator cuff musculature and anterior muscles of the deltoid on the left. Apprehension sign is positive as well as impingement sign. There is decreased range of motion to the left shoulder. Current plan of care includes Celebrex, MRI (magnetic resonance imaging), and physical therapy. The Request for Authorization requested service to include Physical therapy 2 times a week for 4 weeks, left shoulder. The Utilization Review on 9-9-15 denied the request for Physical therapy 2 times a week for 4 weeks, left shoulder, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, left shoulder: 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 an injury to the left shoulder in August 2014 when she was taking down heavy boxes and had left shoulder pain. She was seen in June 2015. She had decreased left shoulder range of motion with crepitus and tenderness. Impingement and Apprehension testing was positive. There was rotator cuff and deltoid muscle atrophy. She was referred for physical therapy and, as of 08/14/15, had completed 16 treatments. Her left shoulder range of motion was nearly normal. She was having increased pain, which was rated at 5/10 and had been decreasing her exercises. Authorization is being requested for an additional eight therapy treatment sessions. In terms of physical therapy for adhesive capsulitis, guidelines recommend up to 16 treatment sessions over 8 weeks and the claimant has already had an appropriate course of 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. 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.