

Case Number:	CM15-0182114		
Date Assigned:	09/23/2015	Date of Injury:	04/14/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 48-year-old female who sustained an industrial injury April 14, 2014. Diagnoses have included neck pain, cervical radiculitis, myofasciitis of the neck, and possible post-operative partial thickness tear of the supraspinatus tendon or SLAP lesion to the right shoulder. Both impressions are based on MRIs provided from 2-17-15 and 5-28-15. Documented treatment includes arthroscopic surgery of the right shoulder 9-12-14 providing initial improvement but then a return of pain; physical therapy sessions which ended April, 2015, with unspecified response; at least 6 acupuncture treatments; ice; heat; massage; home exercise; analgesic compound cream; and, Terocin patches stated 8-24-15 to be helping. The injured worker continues to present with right-sided neck and right shoulder pain, which increases with activity. She stated that the pain extends to the right scapula and right arm. Tenderness was noted in the right upper trapezius with no midline tenderness of the posterior spinous process of the cervical spine; and the right shoulder revealed complaints of pain with 75 to 80 percent active flexion, abduction, and internal rotation. No weakness of the rotator cuff or sensory deficits was noted on 6-29-15. On an Activities of Daily Living Assessment on 6-14-15, the injured worker stated she is having some difficulty with hair combing and lifting, but other activities of daily living were not noted to be problematic at that time. The 8-24-15 progress note stated there had been "no changes in range of motion in the neck and right shoulder" and there was "slight weakness" in the right shoulder abduction. The treating physician's plan of care includes 8 physical therapy sessions for the neck and shoulder. This was modified to 3 sessions on 9-3-15. The injured worker stopped working 5-3-15.

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 times 4 weeks for the neck/shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. 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 2014 when, while working as a dishwasher, she slipped and fell. She continues to be treated for neck, right shoulder, and right elbow pain. In September 2014, she underwent an arthroscopic labral repair with synovectomy. She had postoperative physical therapy and returned to modified work in January 2015. When seen, physical examination findings included right shoulder range of motion, which was unchanged. There was subacromial tenderness with positive impingement testing and slightly positive Cross arm test. Apprehension testing was negative. Authorization is being requested for eight sessions of physical therapy. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. There is no new injury to the neck or shoulder. In this case, the claimant has already had post-operative physical therapy and was able to return to work. The post surgical physical medicine treatment period has been exceeded. 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 additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.