

Case Number:	CM15-0186278		
Date Assigned:	10/01/2015	Date of Injury:	04/19/2015
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 77 year old female who sustained an industrial injury on 4-19-2015. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder sprain-strain. According to the progress report dated 8-28-2015, the injured worker complained of right shoulder discomfort. It was noted that range of motion had improved with physical therapy. She was declining operative treatment. The physical exam (8-28-2015) revealed "right shoulder AROM: FLEX 100, ABD 90, ER 30, IR cannot place hand behind her back, add zero." Treatment has included cortisone injection right shoulder, physical therapy and medications. According to the physical therapy progress note dated 8-27-2015, the injured worker had completed 6 visits. She reported not having been in therapy secondary to foot surgery and scope for ulcers. She reported increased pain. She was off work. She was noted to have an increase in PROM, but continued to have high pain levels. The original Utilization Review (UR) (9-9-2015) denied a request for physical therapy for the right shoulder (6 additional).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

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 to the right shoulder in April 2015 when she was lifting overhead. An MRI of the right shoulder in May 2015 included findings of moderate to severe tendinosis with severe glenohumeral osteoarthritis. As of 08/27/15 she had completed six physical therapy treatments. Her therapy was interrupted by foot surgery done on a nonindustrial basis. When seen, she had improved range of motion. There had been no improvement after a steroid injection. She had declined surgery. Physical examination findings included decreased shoulder range of motion. An additional six physical therapy treatments were requested. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions and 9 therapy treatment sessions for osteoarthritis. Concurrent treatments would be expected and the claimant has already had physical therapy for these conditions with benefit. 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 re-establish or revise the claimant's home exercise program. Limited range of motion would be expected due to her advanced osteoarthritis. The request is not considered medically necessary.