

Case Number:	CM15-0192621		
Date Assigned:	10/06/2015	Date of Injury:	06/05/2010
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female sustained an industrial injury on 6-5-10. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement syndrome with bicipital tendonitis and adhesive capsulitis. Previous treatment included physical therapy, injections, hot and cold wrap, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4-29-15, the injured worker complained of worsening right shoulder pain. The injured worker was not working. The injured worker took medications to be functional. If the injured worker did not take Trazodone she was not able to sleep. The physician documented that right shoulder magnetic resonance imaging showed tendinosis and adhesive capsulitis. Physical exam was remarkable for tenderness to palpation along the right shoulder, rotator cuff and biceps tendon with abduction at 120 degrees with shrugging, positive impingement sign and Hawkin's sign. The physician recommended right shoulder surgery and continuing medications (Norco, Gabapentin, Celebrex and Aciphex). In a PR-2 dated 9-10-15, the injured worker complained of ongoing right shoulder pain, with loss of motion, limitations with overhead reaching activities and inability to sleep on the right arm. The injured worker could lift no more than 15 pounds with the right arm. The injured worker had gained 30 to 40 pounds since the injury. The injured worker did not do chores around the house. The injured worker did go grocery shopping with her children and pushed the cart at times but did not do any heavy lifting. The physician stated that previous physical therapy helped very little. Physical exam was remarkable for right shoulder with abduction no more than 90 degrees and decreasing, tenderness to palpation along the rotator cuff and biceps tendon, equivocal cross arm test and "weakness" to resisted function.

The injured worker underwent fluoroscopic evaluation during the office visit which showed 2mm articular surface left along the joint line. The physician stated that the results suggested that the injured worker did not have any major arthritis in the joint. Requests for right shoulder had been denied. The treatment plan included medications (Effexor, Ultracet, Voltaren, Topamax, Remeron and Norflex) and 12 sessions of physical therapy for the right shoulder. On 9-16-15, Utilization Review noncertified a request for physical therapy x twelve sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right shoulder impingement syndrome with bicipital tendonitis and adhesive capsulitis. The patient recently complained of ongoing right shoulder pain with loss of motion, limitations with overhead reaching activities and inability to sleep on the right arm. The current request is for 12 additional sessions of physical therapy (PT) for the right shoulder. The UR dated 9/16/15 (3A) states the patient has completed 24 PT sessions to date. The treating physician states on 9/10/15 (36B) "the patient has had 24 therapy sessions and it helped a very little". The treating physician also states "Since you are not authorizing surgery, kindly authorize therapy for 12 visits to address her shoulder." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.