

Case Number:	CM15-0197679		
Date Assigned:	10/13/2015	Date of Injury:	08/27/2010
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old male who sustained an industrial injury on 08-27-2010. According to a progress report dated 08-12-2015, the injured worker was seen in follow for right shoulder pain. He was last seen on 05-20-2015. The injured worker stated his pain was "unchanged" since his last visit. He was currently not working and not doing any type of regular exercise program or strength training home therapy for his right shoulder. His medications included Relafen and Flexeril. These medications helped to reduce pain from a 10 down to a 4 on a scale of 1-10 and allowed him to do activities around the house. He had not done any physical therapy since his surgery in 2013 and did not recall exercises from a home therapy program. He was currently looking for work in a line of work that allowed him to not use his shoulder as he previously worked in construction and had much manual labor that bothered his right shoulder. Current medications included Relafen, Flexeril and Biofreeze topical roll-on gel. The injured worker was in no acute distress. He was able to abduct the bilateral shoulders to 90 degrees. He had some pain in the posterior shoulder and trapezius muscle region with all movements of the shoulder. He had no visible edema or skin changes over the shoulder and he had gross mobile function of the right shoulder. MRI of the right shoulder performed in 2011 revealed supraspinatus tendinosis and probable intrasubstance partial tear. There was also an articular surface partial tear of the subscapularis tendon. SLAP tear was noted. It was associated with a focal 6-millimeter anterior superior perilabral cyst. Severe AC joint arthritis, tendinitis of the long head of the biceps was noted. Diagnoses included right shoulder pain status post right rotator cuff surgery in 2013. The treatment plan included Relafen, Flexeril and request for

additional physical therapy sessions 2 times a week for 5 weeks for a total of 10 sessions. The provider noted that the injured worker would benefit from a new course of physical therapy as he had not been doing any home exercise or strength training for this right shoulder and would benefit from learning an exercise program. Follow up was indicated in 2 months. An authorization request dated 08-20-2015 was submitted for review. The requested services included additional physical therapy 2 times a week for 5 weeks, dispensed Relafen 750 mg twice a day #120 (2 month supply) and prescribed Flexeril 10 mg every day as needed #30. Physical therapy progress notes were not submitted for review. On 09-25-2015, Utilization Review modified the request for physical therapy 2 times a week for 5 weeks right shoulder.

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 5 weeks, 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: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.