

Case Number:	CM15-0198586		
Date Assigned:	10/14/2015	Date of Injury:	09/28/2014
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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 60 year old female with a date of injury of September 28, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement, acromioclavicular joint arthritis, neck pain with minimal degenerative changes, and progressive myofascial pain. Medical records dated June 24, 2015 indicate that the injured worker complained of neck pain. A progress note dated September 15, 2015 documented complaints of neck pain. Per the treating physician (September 15, 2015), the employee had work restrictions including no pushing, pulling, or lifting over ten pounds, limited use of the right arm and shoulder, and no overhead work. The physical exam dated July 22, 2015 reveals full passive range of motion of the right shoulder, subacromial tenderness, tenderness of the clavicles, and tenderness of the cervical spine. The progress note dated September 15, 2015 documented a physical examination that showed painful range of motion of the right shoulder, subacromial tenderness with positive impingement, tenderness of the acromioclavicular joint, and tenderness of the cervical spine. Treatment has included four sessions of physical therapy that has been somewhat helpful though the injured worker "Is really not seeing any benefit", and magnetic resonance imaging of the right shoulder that showed acromioclavicular joint arthritis with sub-deltoid bursitis and low-grade partial tear of the distal supraspinatus tendon. The original utilization review (September 29, 2015) non-certified a request for six additional sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for right shoulder 2 times a week for 3 weeks (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, online 2015, Shoulder, Physical Therapy Guidelines.

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 in September 2014 and continues to be treated for right shoulder pain with a diagnosis of rotator cuff impingement syndrome. In May 2015, there had been no improvement after a cortisone injection as she had a flare up of symptoms afterwards. She had not had prior physical therapy for shoulder and was referred for treatment with eight sessions requested. In July 2015, she had improved with physical therapy. She had two more sessions remaining and wanted to continue treatment. She was considering undergoing arthroscopic surgery. Physical examination findings included full passive shoulder range of motion. She had subacromial tenderness, clavicle tenderness, and cervical spine tenderness. An additional six treatments were requested. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. 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 ongoing 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 finalize the claimant's home exercise program. The request is not medically necessary.