

Case Number:	CM15-0202666		
Date Assigned:	10/19/2015	Date of Injury:	01/17/2011
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 53 year old male, who sustained an industrial injury on 01-11-2011. The injured worker was diagnosed as having joint stiffness shoulder, villonod synovitis shoulder and bicipital tenosynovitis. On medical records dated 09-14-2015, the subjective complaints were noted as left leg pain, low back pain. Objective findings were noted as right shoulder revealed tenderness over the anterolateral border of the acromion, over the long head of the biceps, and over the supraspinatus, right swelling, right effusion and right muscle tone atrophy was noted with right diminished sensation. Hawkins -Kennedy impingement test was positive, and Neer impingement test was positive as well. Posterior internal impingement test was positive. Treatments to date included medication and TENS unit. Current medications were listed as Ibuprofen. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for 12 physical therapy visits for the right shoulder was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy visits to the right shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are joint stiffness of shoulder; superior glenoid labrum LES; Villonods synovitis shoulder; and R/C tear. Date of injury is January 11, 2011. Request for authorization is September 23, 2015. According to a September 22, 2015 progress note, the injured worker's subjective complaints are pain in the left leg and back. Water therapy helps. There are no subjective complaints referencing the right shoulder. Objectively, there is tenderness over the anterior - lateral border of the acromion. There is one plus effusion and atrophy. The specific number of aquatic therapy sessions is not documented. There is no documentation of failed land-based physical therapy. There are no physical therapy progress notes directed at the right shoulder. The guidelines recommend a six visit clinical trial. With objective functional improvement additional physical therapy may be clinically indicated. The treating provider requested 12 physical therapy sessions to the right shoulder in excess of the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation of failed land-based physical therapy to the right shoulder and guideline recommendations indicating a six visit clinical trial is indicated, 12 physical therapy visits to the right shoulder are not medically necessary.