

Case Number:	CM15-0205949		
Date Assigned:	10/23/2015	Date of Injury:	07/22/2014
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 is a 49 year old male with a date of injury of July 22, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain, cervical disc displacement, and cervical spondylosis. Medical records dated July 23, 2015 indicate that the injured worker complained of pain with any repetitive movements and also any shoulder level or above activities. A progress note dated September 11, 2015 documented complaints of right shoulder pain. Per the treating physician (September 11, 2015), the employee had work restrictions that included no lifting over ten pounds, no pulling or pushing more than ten pounds, and no work above the right shoulder. The physical exam dated July 23, 2015 reveals tenderness over the greater tuberosity and slightly over the acromioclavicular joint with mildly positive impingement and O'Brien tests, tenderness over the anterior glenohumeral joint, and relatively good strength of abduction and internal rotation. The progress note dated September 11, 2015 documented a physical examination that showed decreased strength of the right upper extremity, painful range of motion of the right shoulder, and pain over the right shoulder acromioclavicular joint. Treatment has included magnetic resonance imaging of the right shoulder (May 6, 2015) that showed a partial thickness tear of the articular surface of the footprint of the supraspinatus tendon with a small cyst adjacent to the superior labrum, and medications (Gabapentin, Tramadol, Diclofenac, Tizanidine, Venlafaxine, and Ibuprofen). There was no previous physical therapy documented for the right shoulder. The utilization review (October 13, 2015) non-certified a request for eight 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:

8 physical therapy sessions, 2 x wk for 4 weeks, right shoulder: Overturned

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 pain affecting the right shoulder. The current request is for 8 physical therapy sessions, 2 x wk for 4 weeks, right shoulder. The treating physician report dated 9/11/15 (119B) states, "He has not had PT for the right shoulder before." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient's status is not post-surgical. In this case, the current request of 8 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, while the patient has received previous physical therapy for the neck and low back, the right shoulder has not been addressed. The current request is medically necessary.