

Case Number:	CM15-0027468		
Date Assigned:	02/19/2015	Date of Injury:	10/17/2012
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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

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:

The injured worker is a 45-year-old male, who sustained an industrial injury on 10/17/2012. The diagnoses have included biceps tendon tear-long head of the biceps, Superior Labrum Anterior and Posterior (SLAP) tear of the right shoulder, impingement syndrome of the right shoulder and calcific tendinitis of the right shoulder. Treatment to date has included massage therapy, physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/29/2015, the injured worker complained of right shoulder pain described as aching, right bicep pain described as aching and burning and numbness over the ulnar distribution of the right upper extremity. The injured worker reported completing massage therapy. He noted that his muscles were getting tighter and he fatigued easier without massage therapy. He was interested in a round of physical therapy for his increased pain since it helped in the past. He was continuing with his home exercise program and using ice. Physical exam revealed tenderness of the anterior right shoulder and latissimus dorsi. A bilateral upper extremity electromyography (EMG)/nerve conduction velocity study done 11/18/2014 was noted to be normal. Authorization was requested for physical therapy for the right shoulder. On 2/10/2015, Utilization Review (UR) modified a request for Physical Therapy 1-2 times a week for 4-6 weeks right shoulder to two additional supervised Physical Therapy sessions during four to six weeks for the right shoulder. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 x 4-6 right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 45-year-old patient complains of pain in the right shoulder, as per progress report dated 01/29/15. The request is for physical therapy 1-2 x 4-6 right shoulder. There is no RFA for this case, and the patient's date of injury is 10/17/12. The pain is rated at 4/10 without medications and 2/10 with medications which include Naproxen, Flexeril and Tylenol # 3, as per progress report dated 01/29/15. Diagnoses included biceps tendon tear - long head of the biceps, SLAP tear of the right shoulder, right shoulder impingement syndrome, and calcific tendinitis of the right shoulder. The patient has been allowed to work with restrictions, as per the same progress report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone some physical therapy in the past, as per progress report dated 01/29/15. The treater, however, does not document the frequency and duration of prior treatment. There is no discussion about its impact on pain and function as well. MTUS recommends only 8-10 sessions in non-operative cases. The treater's request for 1-2 X 4-6 additional sessions is excessive and IS NOT medically necessary.