

Case Number:	CM15-0211454		
Date Assigned:	10/30/2015	Date of Injury:	08/15/2014
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 34 year old male who sustained an industrial injury on August 15, 2014. The worker is being treated for: supraspinatus tendonitis, AC grade II. Subjective: August 19, 2014 he reported complaint of right shoulder pain. November 06, 2014 he reported the "shoulder getting better." Objective: December 04, 2014 noted the shoulder tender with motions. January 19, 2015 noted the right shoulder tender with movement, positive empty can testing and discussed possible injection. February 23, 2015 noted the right shoulder with tenderness PROM, positive empty can, Neer's at 90 degrees and external rotation. July 23, 2015 noted a positive Hawkin's. Diagnostic: radiography right shoulder August 2014, MRI right shoulder September 2014. Medication: August 19, 2014: Naproxen. September 09, 2014: Icy Hot. December 2014: Icy Hot, Naproxen. Treatment: NSAID's, activity modification, February 23, 2015 prescribed course of physical therapy for right shoulder as he declined an injection; July 22, 2015 requesting orthopedic consultation for right shoulder. On October 21, 2015 a request was made for 12 sessions of physical therapy treating the right shoulder that was noncertified by Utilization Review on October 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 Times a Week for 6 Weeks for the Right Shoulder: 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 (ODG).

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, continued physical therapy two times per week times six weeks to the right shoulder is 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 working diagnoses are right shoulder rotator cuff tendinitis; right shoulder AC joint arthritis; right shoulder probable triceps tenosynovitis; and left shoulder strain, possible tendinopathy is well. Date of injury is August 15, 2014. Request for authorization is October 21, 2015. According to a September 29, 2015 initial evaluation, the injured worker has right shoulder pain. Treatment consisted of x-rays, MRI, nonsteroidal anti-inflammatory drugs and physical therapy. Pain score is 7/10. Objectively, there is tenderness in the right shoulder subacromial space. There is a positive Neer's and Hawkins's. There is no physical therapy documentation in the medical record. The total number of physical therapy sessions is not specified. According to the utilization review, the injured worker received 8 physical therapy sessions. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines -10 visits over eight weeks) is clinically indicated. The treating provider is requesting an additional 12 physical therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy documentation, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, continued physical therapy two times per week times six weeks to the right shoulder is not medically necessary.