

Case Number:	CM15-0213852		
Date Assigned:	11/03/2015	Date of Injury:	03/14/2015
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/29/2015

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 25 year old female, who sustained an industrial injury on 3-14-15. The injured worker was being treated for right scapulothoracic bursitis, right levator scapulae syndrome and right trapezial strain. On 8-24-15 and 9-8-15, the injured worker complains of right shoulder pain rated 7 out of 10 with restricted range of motion and accompanied by popping and clicking sensations; the pain is predominantly localized in the shoulder blade and radiates into the neck and down the arm. She notes impairments in activities of daily living due to pain. She is temporarily partially disabled. Physical exam performed on 9-8-15 revealed tenderness over the right trapezius, levator scapulae tendon and medial border of scapula with restricted range of motion of right shoulder. Documentation does not indicate she is performing home exercise program. X-rays of right shoulder revealed type II acromion and no degenerative changes; MRI of right shoulder dated 4-17-15 was negative. Treatment to date has included 6 sessions of physical therapy (with noted subjective improvement), TENS unit, topical LidoPro, cortisone injection and activity modifications. On 9-21-15 request for authorization was submitted for 12 sessions of physical therapy of right shoulder. On 9-28-15 request for 12 sessions of physical therapy of right shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Physical therapy.

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, physical therapy, right shoulder three times per week times four weeks (12 sessions) 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 scapulothoracic bursitis; right levator scapulae syndrome; right tripezial strain. Date of injury is March 14, 2015. Request for authorization is dated September 21, 2015. According to an agreed medical examination (AME dated August 24, 2015), the injured worker was authorized and received six sessions of physical therapy to the right shoulder. The total number of physical therapy sessions to date is not documented. July 2015 additional physical therapy was requested. There is no documentation demonstrating objective functional improvement from the initial six visit clinical trial. There is no documentation from any additional physical therapy progress notes. According to a September 8, 2015 progress note, subjective complaints include right shoulder pain. An MRI of the right shoulder was negative. Pain score remains 7/10. Objectively, there was tenderness over the right trapezius with decreased range of motion of the shoulder. Motor examination was normal and sensory examination was otherwise normal. The documentation does not demonstrate objective functional improvement (as noted above) of the six visit clinical trial. Absent documentation demonstrating objective functional improvement, additional physical therapy is not clinically indicated. The treating provider is requesting an additional 12 sessions of physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines (9 sessions for shoulder sprain), physical therapy, right shoulder three times per week times four weeks (12 sessions) is not medically necessary.