

Case Number:	CM15-0221517		
Date Assigned:	11/17/2015	Date of Injury:	05/14/2014
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 05-14-2014. She has reported injury to the right shoulder. The diagnoses have included impingement syndrome, right shoulder; right shoulder rotator cuff tear; and status post right shoulder arthroscopy, partial synovectomy, debridement of labrum, chondroplasty of glenoid, subacromial decompression, debridement of the acromioclavicular joint, and repair of the rotator cuff tear, on 06-14-2015. Treatment to date has included medications, diagnostics, sling, physical therapy, and surgical intervention. Medications have included Tramadol. A progress report from the treating physician, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported the right shoulder is "somewhat better"; she "can move the arm better, but still have some difficulty in lifting the arm up"; pain level does increase up to 6 out of 10 in intensity; and therapy does help with the pain as well as the medication. Objective findings included tenderness to the cervical spine paravertebral muscles, medial border of the right scapula and right trapezius, all with +2 spasm; limited range of motion of the right shoulder; flexion is 85 degrees; abduction is 75 degrees; and weakness of the right shoulder. The physical therapy note, dated 09-14-2015, reports "motion still limited with tenderness on palpation"; and "improving slowly". The treatment plan has included the request for post-operative (aggressive) physical therapy two times a week for six weeks; and trigger point injection to the right shoulder. The original utilization review, dated 10-19-2015, non-certified the request for trigger point injection to the right shoulder; and modified the request for post-operative (aggressive) physical therapy two times a week for six weeks, to post op (aggressive) physical therapy times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative (aggressive) physical therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in May 2014 and underwent an arthroscopic subacromial decompression and partial rotator cuff repair on 06/11/15. She had post-operative physical therapy and as of 09/11/15 had completed 19 post-operative therapy sessions. She had limited range of motion and pain was rated at 7/10. She was improving slowly. When seen by the requesting provider, she was having difficulty lifting her arm. Physical therapy was helping with pain. There was limited shoulder range of motion with 4/5 strength. There was cervical paravertebral and trapezius muscle tenderness with spasms and there was right medial scapular tenderness. Authorization for a trigger point injection and 12 additional physical therapy sessions was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.

Trigger point injection to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant sustained a work injury in May 2014 and underwent an arthroscopic subacromial decompression and partial rotator cuff repair on 06/11/15. She had post-operative physical therapy and as of 09/11/15 had completed 19 post-operative therapy sessions. She had limited range of motion and pain was rated at 7/10. She was improving slowly. When seen by the requesting provider, she was having difficulty lifting her arm. Physical therapy was helping with pain. There was limited shoulder range of motion with 4/5 strength. There was cervical paravertebral and trapezius muscle tenderness with spasms and there was right medial scapular tenderness. Authorization for a trigger point injection and 12 additional physical therapy sessions was requested. Criteria for a trigger point injection include

documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. A trigger point injection is not medically necessary.