

Case Number:	CM15-0042022		
Date Assigned:	03/12/2015	Date of Injury:	03/10/2009
Decision Date:	08/04/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 51 year old woman sustained an industrial injury on 3/10/2009. The mechanism of injury is not detailed. Evaluations include right shoulder MRIs dated 11/8/2010 and 10/11/2011, cervical spine MRI dated 6/7/011, left shoulder MRIs dated 5/10/2013 and 7/31/2014. Diagnoses include right shoulder impingement syndrome with acromioclavicular arthrosis, bursitis, and synovitis with partial rotator cuff tear; status post right shoulder surgery, left shoulder impingement syndrome with acromioclavicular joint arthrosis and bursitis; status post left shoulder surgery; and cervical spine stenosis and neuroforaminal narrowing. Treatment has included oral medications and surgical intervention with post-operative physical therapy. Physician notes from the QME dated 11/11/2014 show complaints of cervical and thoracic spine, bilateral shoulder, bilateral elbows, and right hand and the dorsal aspect of the left hand pain. Future treatment should include right shoulder MRI prior to any other recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in March 2009 and underwent right shoulder arthroscopic surgery in January 2011 and left shoulder surgery in June 2013. She had post-operative physical therapy. When seen in November 2014, there was nearly normal right shoulder range of motion. Impingement testing was negative. There was a normal neurological examination of the upper extremities. The claimant is being treated for chronic pain with no new injury and has already had post-operative physical therapy following her shoulder surgeries. Compliance with an independent exercise program would be expected without continued skilled physical therapy oversight. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.