

Case Number:	CM15-0045315		
Date Assigned:	03/17/2015	Date of Injury:	08/01/2013
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, 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 60 year old female, who sustained an industrial injury on 6/1/13. She reported right neck and shoulder pain. The injured worker was diagnosed as having right scapular winging, likely functional given the absence of neuropathy and right shoulder pain/subacromial bursitis with low to moderate grade rotator cuff partial tears. Treatment to date has included a cervical epidural steroid injection on 11/14/14 that provided 50% improvement in pain and a subacromial injection on 2/20/15. A MRI of the right shoulder obtained on 2/9/15 revealed supraspinatus partial thickness articular and bursal sided tear, possible intrasubstance/bursal sided tear of the infraspinatus tendon, subscapularis tendon low grade intrasubstance/articular sided tear, mild tendinosis of the biceps tendon, and degeneration of the superior labrum. An electromyogram/nerve conduction velocity study of the right upper extremity was noted to be normal. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for physical therapy 2x6 for the right shoulder. The treating physician noted the treatment plan was for physical therapy and possible repeat subacromial injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for this patient's diagnosis (10 visits) and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.