

Case Number:	CM15-0062687		
Date Assigned:	04/08/2015	Date of Injury:	03/08/2014
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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 45 year old male patient who sustained an industrial injury on 03/08/2014. Previous diagnostic testing to include: radiography study, magnetic arthrogram study, magnetic resonance imaging, and surgical intervention. An orthopedic follow up dated 02/20/2015 reported subjective complaint of cervical radicular pains. The pain is described as a burning and spasming sensation in the neck that radiates down his left arm and is accompanied by parathesias. The plan of care involved: prescribing Nortriptyline, Diclofenac, Tizanidine, Prazosin. Referral for psychologist was made, and pulmonologist for sleep apnea testing. Recommending he undergo a magnetic resonance imaging study and participate in both physical and acupuncture therapy. He is to follow up in two weeks. A follow up visit dated 09/05/2014 reports subjective complaint of continues with moderate to severe pain in his left shoulder. There has been no significant improvement with conservative treatment. He is diagnosed with left shoulder impingement syndrome and partial rotator cuff tear. The plan of care involved proceeding with surgical intervention. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder, 3 times a week for 6 weeks, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

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 is more than one year status post work-related injury and continues to be treated for left shoulder pain with diagnoses of rotator cuff impingement and a partial rotator cuff tear. The requesting provider documents that, since completing therapy, the claimant's condition has worsened. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could 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 claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency. Additional physical therapy would promote dependence on therapy provided treatments, which is apparent in this case. The additional physical therapy being requested is not medically necessary.