

Case Number:	CM15-0080716		
Date Assigned:	05/01/2015	Date of Injury:	07/06/2012
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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 female sustained an industrial injury to the right shoulder on 7/6/12. Past medical history was significant for chronic obstructive pulmonary disease, bradycardia, coronary artery disease status post myocardial infarction and diabetes mellitus. In the most recent progress noted submitted for review dated 1/7/15, the injured worker complained of pain 6/10 on the visual analog scale with medications and 10/10 without. The physician noted that the injured worker takes care of her activities of daily living independently but could not sleep due to pain and did not drive herself. Current diagnoses included right rotator cuff dysfunction, headache, myofascial pain, history of coronary artery disease, recent chronic obstructive pulmonary disease diagnosis and recent bout of pneumonia. The treatment plan included medications (Lidoderm patch, Celebrex, Neurontin and Norco), a urine drug screen and evaluation by an orthopedic surgeon for surgical repair of her right rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy visits for the right shoulder: Upheld

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

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 (3) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic right shoulder pain. When seen, she had decreased and painful shoulder range of motion and further evaluation for possible surgery was being requested. In terms of physical therapy, under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended as well as what would be recommended for the nonsurgical management of the claimant's shoulder condition. The request was therefore not medically necessary.