

Case Number:	CM15-0088747		
Date Assigned:	05/13/2015	Date of Injury:	08/16/2001
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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 59 year old female who sustained a work related injury August 16, 2001. According to a primary treating physician's progress report, dated April 15, 2015, the injured worker presented with ongoing neck, shoulder, and left arm pain. She uses a TENS unit and medication for pain. An MRI dated 4/6/2015 (report present in medical record) shows subluxation at C4-C5, degenerative joint disease at C4-C5, C5-C6, and C6-C7 with moderate stenosis at C4-C7. Treatment plan included medications, pending orthopedic consultation regarding shoulder, and request for spine surgeon consultation. A random urine drug screen was performed and consistent. An orthopedic physician's letter, dated April 16, 2015, revealed MRI evidence of a SLAP lesion with partial thickness rotator cuff tear. The physician goes on to document the injured worker has severe adhesive capsulitis; forward elevation is 10 degrees and external rotation at zero. She has no movement in the glenohumeral joints. Diagnoses are partial tear of the rotator cuff left and left shoulder labral tear. Treatment plan included a request for 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times per wk for 4 wks, Left Shoulder (8 sessions): Overturned

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) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001. She continued to be treated for neck, left shoulder, and left arm pain. When seen, she had developed severely decreased shoulder range of motion with a diagnosis of adhesive capsulitis. An MRI had shown findings of a rotator cuff tear and labral pathology. In terms of treatment for adhesive capsulitis, guidelines recommend up to 16 treatments over 8 weeks when treated medically. In this case, the request is within the guideline recommendation and was medically necessary.