

Case Number:	CM15-0235898		
Date Assigned:	12/11/2015	Date of Injury:	09/13/2012
Decision Date:	01/20/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 47 year old female, who sustained an industrial injury on 9-13-2012. The injured worker was being treated for right shoulder acromial bursitis and left shoulder partial rotator cuff tear. The injured worker (7-7-2015) reported ongoing bilateral shoulder pain. The physical exam (7-7-2015) revealed tenderness to palpation over the lateral aspect of the right shoulder and left trapezius muscle, normal muscle strength of the bilateral shoulders, decreased range of motion of the shoulders, left greater than right. The injured worker (9-24-2015) reported ongoing bilateral shoulder pain. She reported her left shoulder pain was improved since the prior visit. The injured worker (9-24-2015) reported pain relief from the left shoulder cortisone injection performed on 9-8-2015. The physical exam (9-24-2015) revealed tenderness to palpation over the lateral acromion of the right shoulder and left trapezius muscle, decreased range of motion of the shoulders, left greater than right. The treating physician noted decreased strength of the left shoulder and normal strength of the right shoulder. The injured worker (10-22-2015) reported ongoing bilateral shoulder pain. She reported her left shoulder pain was improved since the prior visit. The injured worker (10-22-2015) reported continued pain relief from the left shoulder cortisone injection performed on 9-8-2015. The treating physician noted that the injured worker last had physical therapy 1 year prior. The physical exam (10-22-2015) revealed tenderness to palpation over the lateral aspect of the right shoulder and left trapezius muscle, decreased range of motion and strength of the shoulders, left greater than right. Per the treating physician (10-22-2015 report): X-rays of the bilateral shoulder (dated 5-27-2014) revealed bilateral subacromial spurs. An MRI of the right shoulder (dated 11-22-2013) revealed

mild supraspinatus tendinosis. An MRI of the left shoulder (dated 11-22-2013) revealed a small rotator cuff tear. Electromyography and nerve conduction velocity studies (4-20-2015) revealed moderate bilateral carpal tunnel syndrome. Treatment has included 24 sessions of physical therapy, 23 sessions of chiropractic therapy, 24 sessions of acupuncture, a home exercise program, and medications including oral pain, topical pain, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (10-22-2015 report), the injured worker continues to work. The requested treatments included physical therapy re-evaluation and an additional 8 sessions (2x a week for 4 weeks) of physical therapy for the bilateral shoulders. On 11-30-2015, the original utilization review non-certified a request for physical therapy re-evaluation and an additional 8 sessions (2x a week for 4 weeks) of physical therapy for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation, bilateral shoulders (per 10/22/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has completed 24 physical therapy sessions and there is no indication why the patient cannot continue home exercise programs. The request for physical therapy re-evaluation is not medically necessary and appropriate.

Additional physical therapy 2x a week for 4 weeks, bilateral shoulders (per 10/22/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has completed 24 physical therapy sessions and there is no indication why the patient cannot continue home exercise programs. The request for 8 physical therapy sessions is not medically necessary and appropriate.

