

Case Number:	CM14-0176657		
Date Assigned:	10/29/2014	Date of Injury:	03/12/2008
Decision Date:	09/15/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 (IW) is a 36-year-old male who sustained an industrial injury on 03-12-2008. Diagnoses include shoulder pain. Treatment to date has included medications and physical therapy. According to the progress notes dated 9-12-2014, the IW reported pain along the right inner arm and chest rated 6 and 7 out of 10. The pain was aggravated by exercise and lifting. On examination, muscle strength of the groups in the right arm was 4 out of 5, as well as the right rotator cuff with external and internal rotation. Impingement sign was moderately positive on the right. Range of motion of the right shoulder was decreased with adduction and abduction. Deep tendon reflexes were normal. Sensation was decreased to light touch in the right C8 dermatome. The neck was painful to palpation and trigger points were noted. A request was made for 10 additional sessions of physical therapy for the right shoulder, two times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional physical therapy sessions for the right shoulder, 2x per week for 5 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/Shoulder>: Table 2, Summary of recommendations, Shoulder Disorders.

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 sustained a work-related injury in March 2008 and is being treated for right upper extremity pain. When seen, pain was rated at 6-7/10. Physical examination findings included a BMI of 36. There was decreased and painful right shoulder range of motion with right upper extremity weakness. There was positive impingement testing. Authorization for an additional 10 physical therapy sessions was requested. Guidelines recommend up to 10-therapy treatment sessions over 8 weeks for the treatment of rotator cuff syndrome. In this case, additional therapy is being requested and the number of treatments already provided is unknown. Prior treatments would be expected to have included a home exercise program and 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 number of visits requested is in excess what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request that was submitted cannot be accepted as being medically necessary.