

Case Number:	CM14-0219005		
Date Assigned:	01/09/2015	Date of Injury:	07/08/2012
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 55 year old female, who sustained an industrial injury on 07/08/2012. The diagnoses include ongoing chronic right shoulder pain, right shoulder recurrent and new tear rotator cuff, left shoulder compensatory tendinitis and ongoing right sided symptoms. She sustained the injury due to a slip and fall incident. Per the PR2 note dated 11/25/2014, she had complaints of pain in her right shoulder, ribs and right hip. The right shoulder pain radiated into the neck, arm, elbow, hand, fingers and back. Physical exam revealed tenderness over the acromioclavicular joint, over the trapezius muscle and laterally, range of motion- flexion 30 degrees. The current medications list includes Flexeril, Motrin, Norco and Vicodin. She has undergone right shoulder arthroscopy on 6/26/2013 and 5/21/2014. She has had right shoulder MRI on 8/22/12; right shoulder CT arthrogram on 1/20/2014; EMG/NCS upper extremity dated 11/25/14 which revealed moderate right carpal tunnel syndrome and right ulnar neuropathy at the elbow; right shoulder X-rays dated 11/25/2014 which revealed good subacromial space; bone anchors in place. Work status was temporarily totally disabled. She reportedly had been icing the extremity, applying heat and doing a home exercise program. Previous physical therapy was not documented. The treating provider is requesting authorization for physical therapy 3 x week x 6 weeks for pain relief. The treatment plan included ultrasound and Transcutaneous Electrical Nerve Stimulation (TENS) unit. On 12/12/2014 Utilization Review modified a request for physical therapy 3 x week x 6 weeks to the right shoulder to physical therapy 1 x week x 3 weeks noting that there was no mention of specific modalities of treatment needed in physical therapy

that could not be done in the home exercise program. UR also noted that there was no mention regarding prior sessions in physical therapy and the results. The MTUS and the ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

Decision rationale: Request: Physical Therapy 3x6 Right Shoulder
The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific numbers of physical therapy sessions since date of injury is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 3x6 Right Shoulder is not established for this patient at this time.