

Case Number:	CM15-0110083		
Date Assigned:	06/16/2015	Date of Injury:	10/06/2014
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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 37 year old male, who sustained an industrial injury on 10/06/2014. He has reported subsequent neck and left shoulder pain and was diagnosed with myofascial pain, left shoulder impingement syndrome and possible cervical facet syndrome. Treatment to date has included medication, physical therapy and a home exercise program. In a progress note dated 04/01/2015, the injured worker complained of continued anterior lateral shoulder pain with overhead use of the arm as well as complaints of neck pain, stiffness and occasional radiation to the upper extremities. Objective findings were notable for tenderness over the anterolateral aspect of the shoulder, markedly positive impingement sign, slight reproducible pain when testing the supraspinatus tendon against resistance, positive apprehension test and tenderness of the posterior cervical and bilateral trapezial musculature. A request for authorization of physical therapy three times a week time four weeks of the left shoulder and cervical spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week times four weeks for the left shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for left shoulder pain with a diagnosis of rotator cuff impingement syndrome. Treatments have included physical therapy and completion of 11 sessions on 12/05/14 is documented. When seen, there had been no improvement after a cortisone injection. There was positive impingement testing and pain with resisted range of motion. Apprehension testing was positive. Another injection was performed for diagnostic purposes and was consistent with the diagnosis of impingement. Guidelines recommend up to 10 physical therapy visits over 8 weeks for this condition. In this case, the claimant has already had in excess of the number of treatments recommended, including instruction in a home exercise program. 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. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments.