

Case Number:	CM15-0110720		
Date Assigned:	06/17/2015	Date of Injury:	11/27/2009
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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 52 year old male, who sustained an industrial injury on 11/27/09. The injured worker was diagnosed as having flared right shoulder pain and mechanical symptoms and secondary right thoracic outlet syndrome. The injured worker was also status post right shoulder arthroscopic rotator cuff repair, debridement, revision acromioplasty, and distal clavicle excision on 7/3/14 with subjective and objective residuals. Treatment to date has included physical therapy. Physical examination findings on 3/17/15 included slight decreased right shoulder flexion and abduction, positive right Adson's sign, and paresthesias were elicited with full abduction of the right arm and Adson's maneuver. Currently, the injured worker complains of right arm pain. The treating physician requested authorization for physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2009 and continues to be treated for right shoulder pain. When seen, he was having increasing pain with movement. He had sensations of popping and grinding and locking up. Physical examination findings included decreased range of motion and audible popping with cross-body abduction. There was no shoulder instability or focal tenderness. Prior treatments had included an arthroscopic rotator cuff repair and decompression. He was referred for physical therapy for up to eight treatments and additional testing was requested. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the additional testing would indicate that the claimant's diagnosis is uncertain. The number of visits requested is in excess of that recommended or what would be expected to be needed to reestablish or revise a home exercise program. The request is not medically necessary.