

Case Number:	CM15-0121073		
Date Assigned:	07/01/2015	Date of Injury:	08/28/2014
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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 53-year-old female who sustained an industrial injury on 08/28/2014. The accident was described as while working scanning merchandise some boxes began falling and she attempted to stop them and suddenly had onset of right shoulder pain. A recent primary office visit dated 06/08/2015 reported subjective complaint of having right shoulder pain with decreased range of motion. The following diagnoses were applied: adhesive capsulitis, and rotator cuff strain/sprain. The plan of care noted prescribed Mobic 7.5mg #30 with 5 refills and initiate physical therapy course. He is to return to a modified work duty and follow up in 6 weeks. An initial orthopedic evaluation dated 05/11/2015 reported chief complaint of right shoulder pain. She was diagnosed with fairly advanced right frozen shoulder, and rotator cuff tear. The plan of care noted the patient undergoing a course of physical therapy to improve range of motion prior to surgical intervention. She was administered an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) outpatient physical therapy for the right shoulder, 2 sessions per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 sustained a work injury in August 2014 and continues to be treated for right shoulder pain. She has a diagnosis of a rotator cuff tear and has had previous physical therapy. When seen, there was significantly decreased and painful shoulder range of motion. There was pain and weakness with rotator cuff strength testing. Physical therapy for rotator cuff impingement syndrome was requested for improved range of motion prior to consideration of surgery. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can 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 range of motion. 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 number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request was not medically necessary.