

Case Number:	CM15-0126355		
Date Assigned:	07/10/2015	Date of Injury:	03/19/2013
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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 3/19/13. Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder disorders of bursae and tendons shoulder region unspecified; right shoulder rotator cuff tear; right shoulder biceps tendinosis; left elbow tendinitis secondary to compensatory factors; right elbow tendinitis; abnormal posture. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5/20/15 indicated the injured worker complains of right shoulder and right elbow pain. This is a follow-up visit with persistent pain in the right shoulder and biceps, which he rates his pain as 8/10 and reports it is intermittent and the same. He also complains of pain in the right elbow rated at 6/10 that is constant and about the same. His pain is made better with rest and medication. He takes Norco four times a day but not every day and it helps his pain go from 8/10 to 4-5/10 and allows him to continue working and working at this time. The pain is made worse with activities such as lifting and cold weather changes. Examination of the right shoulder revealed decreased range of motion with flexion at 150 degrees, abduction 140 degrees and adduction and extension 40 degrees, internal rotation 60 degrees, external rotation at 70 degrees. He had 4/5 strength in flexion, abduction and external rotation. Hawkin's and Neer's impingement signs were positive. Incisions are noted ass well healed with 1+ swelling at the medial aspect of the distal bicep with tenderness to palpation. Examination of the elbows revealed right and left decreased range of motion with tenderness bilaterally over the olecranon's and left over the medial epicondyle as well. Neurovascular status was intact bilaterally distally. The provider is requesting authorization of physical therapy 12 sessions (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 x 12 sessions: Upheld

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

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 (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for right upper extremity pain. Physical therapy had been provided recently and as of 03/02/15, seven treatments had been completed. He had previously undergone a right biceps repair in June 2013 and had made a full recovery. When seen, and he was having persistent right upper extremity pain rated at 8/10. Norco was providing pain relief and allowing him to continue working. Physical examination findings included decreased shoulder range of motion with positive impingement testing and decreased strength. There was decreased elbow range of motion with bilateral olecranon and left medial epicondyle tenderness. An additional 12 physical therapy treatments for the right shoulder was requested. 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 claimant has already recently had physical therapy and the number of additional visits requested is in excess of that recommended and not medically necessary. Additionally, 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 requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.