MAXIMUS Federal Services

Case Number:	CM15-0146926		
Date Assigned:	08/07/2015	Date of Injury:	10/30/2013
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 39 year old male, who sustained an industrial injury, October 10, 2013. The injury was sustained while pounding bags of spices with a sledgehammer which weighs about 40 pounds. The injured worker did this for about two hours straight before the injured worker felt the shoulder were going to give out. At the end of the day the injured worker felt excessively sore in the shoulders, arms and elbows. The injured worker felt numbness at the level of the fingers. The injured worker previously received the following treatments Codeine with acetaminophen, Naproxen, Tramadol, left shoulder MRI, right shoulder MRI, physical therapy, acupuncture, pain management, right shoulder surgery, ice therapy, left shoulder and right shoulder x-rays. The injured worker was diagnosed with status post right shoulder arthroscopic surgery on April 18, 2014, lateral epicondylitis of the right elbow, cervical spine disc protrusion, cervical radiculopathy, cervical HPN (herniated nucleus pulposus) at C5-C6 and C6-C7, right and left shoulder injuries. According to progress note of May 20, 2015, the injured worker's chief complaint was bilateral shoulder pain. The injured worker reported the right shoulder pain was described as constant stabbing and aching pain. There were spasms as well. There was numbness in the right shoulder that radiated down the right upper extremity to the forearm. The injured worker rated the pain at 9-10 out of 10. The injured worker reported burning sensation on the lateral aspect of the shoulder. The Neer, Hawkin's and Speed testing were positive. The physical exam of the right shoulder there was tenderness with palpation over the biceps tendon, AC joint and trapezius. There was pain with range of motion. The left shoulder had tenderness to palpation over the left biceps tendon. The left shoulder was positive testing for Neer's and Hawkin's. The treatment plan included physical therapy for the right and left shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right and left shoulder for 12 sessions, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents on 06/10/15 with bilateral shoulder pain. The patient's date of injury is 10/10/13. Patient is status post unspecified right shoulder surgery in 2013. The request is for physical therapy to the right and left shoulder for 12 sessions, 3 times a week for 4 weeks. The RFA is dated 06/10/15. Physical examination dated 06/10/15 reveals tenderness to palpation of the biceps tendon bilaterally, tenderness to the AC joint and trapezius muscle in the right shoulder, positive Hawkin's and Neer's tests bilaterally, and reduced range of shoulder motion in all planes bilaterally. The patient is currently prescribed Tylenol 3, Naproxen, and Norflex. Patient is currently advised work restrictions, though current work status is deferred to PTP. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 additional physical therapy sessions for this patient's bilateral shoulders, the provider has exceeded guideline recommendations. The documentation provided indicates that this patient has had an unspecified number of physical therapy visits to date. MTUS guidelines support up to 10 visits for complaints of this nature. The request for 12 sessions in addition to prior treatment exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.