

Case Number:	CM15-0170848		
Date Assigned:	09/11/2015	Date of Injury:	05/02/2013
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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 71 year old male, who sustained an industrial injury on 05-02-2013. The injured worker is currently off work. Current diagnoses include chronic right trapezial and cervical strain, chronic lumbar strain, right shoulder partial rotator tear, right shoulder subacromial impingement, right arm overuse syndrome, and rule out peripheral nerve entrapment and carpal tunnel to the right upper extremity. Treatment and diagnostics to date has included physical therapy and medications. As of 07-20-2015, the injured worker had attended 3 physical therapy sessions for the right shoulder with "pain less constant but continues to be contributing to function and progress". In a progress note dated 07-27-2015, the injured worker reported cervical spine, lumbar spine, right shoulder, right arm, and right finger pain rated 5 out of 10 on the pain scale. Objective findings included tenderness to palpation to the cervical spine with limited range of motion to the left and tenderness to palpation to the right shoulder with limited range of motion and slightly decreased strength. The physician was requesting authorization for physical therapy to the right shoulder for strength and range of motion. The Utilization Review with a decision date of 08-12-2015 denied the request for physical therapy 2x6 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 2 x wk x 6 wks, Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Physical therapy - Physical therapy 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) 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 May 2013 and is being treated for chronic neck, low back, and right shoulder and hand pain. Recent treatments include physical therapy with completion of 12 sessions as of 07/20/15. When seen, she was having persistent symptoms. There was cervical and right shoulder tenderness. There was limited shoulder rotation and decreased strength. There was positive right Tinel's and Phalen's testing. An additional 12 physical therapy treatments for the shoulder were 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 had physical therapy and the number of additional visits requested is in excess of that recommended. 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.