

Case Number:	CM15-0171788		
Date Assigned:	09/14/2015	Date of Injury:	01/08/2015
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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 58 year old female, who sustained an industrial-work injury on 1-8-15. A review of the medical records indicates that the injured worker is undergoing treatment for adhesive capsulitis right shoulder, right shoulder injury and impingement syndrome of right shoulder. Treatment to date has included pain medication including Ibuprofen and Tramadol, physical therapy at least 12 sessions, injection right shoulder, and other modalities. Medical records dated (2-2-15 to 8-12-15) indicate that the injured worker complains of right shoulder pain which has been increasing in pain. The pain is rated 5-6 out of 10 on pain scale, 8 out of 10 most days and 3 out of 10 with no movement. The medical records also indicate worsening of the activities of daily living. The physical exam dated from (2-2-15 to 8-12-15) reveals right shoulder with guarded range of motion and pain with overhead lifting and internal and external rotation. The right shoulder range of motion with abduction is 40 degrees, flexion is 40 degrees, extension is 10 degrees, internal rotation is 20 degrees, and external rotation is 40 degrees. The palpation of the right shoulder reveals moderate tenderness over the anterolateral shoulder and there is a positive impingement sign. Per the treating physician report dated 8-12-15 the employee has returned to work with modified duties. The Magnetic resonance imaging (MRI) of the right shoulder dated 4-23-15 reveals thickening of the axillary pouch, consistent with changes of adhesive capsulitis, changes of calcific tendinitis, degenerative joint disease (DJD) and small amount of fluid in the bursa consistent with changes of bursitis. The original Utilization review dated 8-19-15 non-certified-modified a request for Physical therapy 3 times a week for 1 month

for the right shoulder as there was no documented functional improvement as a result of the physical therapy already attended and no evidence of current functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 1 month for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for right shoulder pain. Through 03/09/15, eleven physical therapy treatments were provided with improved, but still limited range of motion. In May 2015, range of motion in abduction and external rotation had decreased and flexion had remained the same. When seen, she was having increasing pain. Physical therapy had helped with range of motion. Physical examination findings included acromioclavicular joint and biceps and subacromial tenderness. There was guarded and limited range of motion which had further decreased. Impingement testing was markedly positive. Additional physical therapy was requested. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing 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 strengthening and range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.