

Case Number:	CM15-0174467		
Date Assigned:	09/16/2015	Date of Injury:	05/15/2010
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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 is a 70 year old female, who sustained an industrial injury on 5-15-2010. The medical records indicate that the injured worker is undergoing treatment for shoulder impingement and long head bicep tendonitis. According to the progress report dated 7-14-2015, the injured worker complains of left shoulder pain. The level of pain is not rated. The physical examination of the left shoulder reveals mild tenderness, positive Neer's and Hawkin's sign, and diminished abduction and external rotation strength likely limited to pain. The current medications are Cymbalta, Pennsaid, Amrix, Naproxen, and Flector. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, acupuncture, and trigger point injections. MRI reveals partial-thickness tearing of the subscapularis and superior status. It is likely a bicipital and longitudinal tear versus tendinitis. Work status is described as modified duty. The original utilization review (8-7-2015) had non-certified a request for 12 additional physical therapy sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder additional physical therapy 2 times a week for 6 weeks (one evaluation and eleven treatments) consisting of one physical therapy evaluation, therapeutic exercise, manual therapy , massage and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain in the left shoulder. The request is for OUTPATIENT LEFT SHOULDER ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (ONE EVALUATION AND 11 TREATMENTS) CONSISTING OF ONE PHYSICAL THERAPY EVALUATION, THERAPEUTIC EXERCISE, MANUAL THERAPY, MASSAGE AND ULTRASOUND. Patient is status post right carpal tunnel release, 08/25/15. Physical examination to the left shoulder on 07/14/15 revealed tenderness to palpation. Hawkins and Neer's were positive. Range of motion was limited with pain. Per 07/23/15 progress report, patient's diagnosis includes pain in joint shoulder region. Patient's medications, per 09/02/15 progress report include Flector Patch, ProAir HFA Inhaler, Singulair, Pulmicot, Aciphex, Lisinopril, Pennsaid, Amrix, Cymbalta, and Naproxen. Patient's work status was not specified. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, 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 progress report dated 09/02/15, treater's reason for the request is for left shoulder stabilization, ROM and strengthening. The patient continues with left shoulder pain and a short course of therapy would be beneficial for patient's condition. However, the treater has not indicated why additional therapy is needed and why the patient cannot transition into a home based exercise program. Furthermore, the request for 12 sessions, in addition to previous sessions, exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.