

Case Number:	CM15-0176200		
Date Assigned:	09/17/2015	Date of Injury:	11/26/2012
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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 67 year old male who sustained an industrial injury November 26, 2012. Past history included status post surgical open repair of the rotator cuff with acromioplasty and status post arthroscopic partial meniscectomies in both knees. According to a primary treating physician's progress report dated August 20, 2015, the injured worker presented under future medical care for the right shoulder. He reports he has felt the same since he was declared permanent and stationary, until two weeks ago, when he was trying to lift a 7-10 pound weight above his head. He became weak in his hands, unable to extend them upwards. He reports full range of motion but is complaining of minimal achiness on the shoulder. Objective findings included; right upper extremity-right shoulder- surgical scar intact, full range of motion, no subacromial tenderness or biceps tenderness; positive Speed's test; negative drop arm test; negative posterior and anterior drawer sign. Diagnosis is documented as right shoulder strain, status post surgery. Treatment plan included; advised to ice the area on 20 minutes, off 40 minutes and repeat, prescription for Motrin, and refer to physical therapy. At issue, is the request for authorization for physical therapy and Prednisone. Work status is documented as; released to modified work, effective 08-20-2015 with no lifting over 40 pounds and no lifting above shoulder level. According to utilization review dated August 31, 2015, the request for Motrin 600mg Quantity: 60 has been certified. The request for an Office Visit Follow-up Quantity: 1 has been certified. The request for Physical Therapy right shoulder (sessions) Quantity: 12 has been modified to Physical Therapy (sessions) Quantity: 2. The request for Prednisone 20mg Quantity: 14 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder (sessions) Qty: 12: 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 and Other Medical Treatment Guidelines Chou R, Huffman LH; American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med. 2007 Oct 2;147(7):492-504.

Decision rationale: The claimant sustained a work injury in November 2012 and is being treated for shoulder and knee pain with a history of an open rotator cuff repair and bilateral arthroscopic partial meniscectomies. When seen, he had sudden hand weakness two weeks before when trying to lift overhead and was having residual, minimal, shoulder achiness. Physical examination findings were full shoulder range of motion with positive Speed's testing. Physical therapy was requested. In terms of physical therapy for a sprained rotator cuff, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Additionally, the claimant's symptoms began just two weeks before and he was improving. Guidelines suggest a delay in referral to physical therapy for 2-4 weeks to allow for spontaneous recovery before considering a physical therapy referral. The request was not medically necessary.

Prednisone 20 mg #14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Oral corticosteroids.

Decision rationale: The claimant sustained a work injury in November 2012 and is being treated for shoulder and knee pain with a history of an open rotator cuff repair and bilateral arthroscopic partial meniscectomies. When seen, he had sudden hand weakness two weeks before when trying to lift overhead and was having residual, minimal, shoulder achiness. Physical examination findings were full shoulder range of motion with positive Speed's testing. Physical therapy was requested. Oral corticosteroids are not recommended for chronic pain, except for Polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, and given their potential serious adverse effects, they should be avoided. In this case, an oral NSAID medication would have been an appropriate alternative therapy. Prednisone was not medically necessary.