

Case Number:	CM15-0177535		
Date Assigned:	09/18/2015	Date of Injury:	01/20/2015
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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 64 year old male who sustained an industrial injury on 1-20-15 involving a pulling type injury resulting in right shoulder and arm pain. He is currently not working and on temporary disability. Diagnoses included rotator cuff syndrome; adhesive capsulitis, right shoulder; tendon rupture; joint pain-forearm; tear of distal biceps brachii, right; right shoulder impingement syndrome; right shoulder pain; myofascial pain syndrome. After 3 sessions of physical therapy (2-21-15) there was no significant pain relief and the pain level was 5 out of 10. By 3-18-15 the treating provider requested an orthopedic consult to see if the injury would benefit from continued physical therapy or surgical repair. On 5-20-15 the treating provider recommended physical therapy before consideration of tendon exploration. He currently (8-12-15) continues to complain of pain along the anterior fossa and proximal forearm of the right upper extremity; pain along the lateral aspect of the right shoulder, worse with abduction than flexion. Pain levels were not enumerated since 2-21-15. On physical exam of the right shoulder there was tenderness to the right acromion, pain with abduction with a mildly positive impingement 1 and Hawkin's, positive Empty Can, Popey's, Speeds, and Yergason's (7-28-15); right elbow revealed tenderness. Diagnostics include MRI of the right elbow (3-18-15) showing distal biceps tendinitis with tearing. Treatments to date included physical therapy X 14-16 (failed per 7-21-15 note), often making the pain worse (per 7-28-15 note); medications: naproxen, omeprazole, Rapaflor, Tylenol extra strength. In the progress note dated 8-12-15 the treating provider's plan of care included a request for physical therapy for the right shoulder. The request for authorization dated 8-25-15 indicated physical therapy for the right shoulder twice

per week for six weeks. On 8-31-15 utilization review evaluated and modified the request for physical therapy to the right shoulder 12 sessions to physical therapy to the right shoulder 6 sessions based on partial guideline fulfillment and six sessions allowing for demonstration of functional improvement and or decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder QTY: 12.00: Upheld

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

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for right upper extremity due to repetitive motion. An MRI of the right elbow in March 2015 included findings of severe distal biceps tendinosis with distal tearing and a loose body in the tendon sheath. Treatments included 6 sessions of physical therapy through 03/03/15 and another 6 sessions through 07/27/15. When seen, surgery was being considered. There was ongoing elbow and shoulder pain. An MRI of the shoulder was pending. Physical examination findings included decreased and painful shoulder range of motion with mildly positive impingement testing. There was distal biceps tenderness with decreased upper extremity strength. An additional 12 treatment sessions for the right shoulder was requested. In terms of physical therapy for a sprained rotator cuff, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy with at least partial overlap of the expected therapeutic content. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy direct at the shoulder was necessary or likely to be effective. The request is not medically necessary.