MAXIMUS Federal Services

Case Number:	CM15-0026528		
Date Assigned:	02/18/2015	Date of Injury:	12/08/2003
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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 51 year old male, who sustained an industrial injury on December 8, 2003. The injured worker had reported a right shoulder, right upper arm and right wrist and hand injury. The diagnoses have included chronic pain syndrome, shoulder syndrome, osteoarthritis shoulder region, bilateral tenosynovitis, medical epicondylitis and lateral epicondylitis. Treatment to date has included pain medications and an MRI of the right shoulder. MRI of the right shoulder revealed a partial thickness tear of the infraspinatus tendon. Current documentation dated January 15, 2015 notes that the injured worker complained of right shoulder and right elbow pain. Physical examination of the right shoulder revealed tenderness over the subacromial space and over the proximal humerus. Range of motion was decreased. Impingement sign and the Neer's test were positive. Examination of the elbow revealed a decreased range of motion and a slightly decreased sensation of the medial nerve distribution. On January 27, 2015 Utilization Review modified a request for physical therapy to the right shoulder and right elbow # 12. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of physical therapy to the right shoulder and right elbow # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy to the Right (R) Shoulder and (R) Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic right elbow and shoulder pain.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 number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.