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| Case Number: | CM15-0038024 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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 52 year old female, who sustained an industrial injury on March 31, 2009. She has reported right shoulder pain with radiating pain in the neck. The diagnoses have included pain in the shoulder joint. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, conservative therapies, pain medications and work restrictions. Currently, the IW complains of pain in the right shoulder and neck. The injured worker reported pain in the neck and shoulder after an industrial injury in 2009. She has been treated surgically and conservatively without resolution of the pain. Evaluation on June 12, 2014, revealed continued pain in the right shoulder and neck. Evaluation on July 2, 2014, revealed continued pain. She reported trying Morphine sulfate the evening before the encounter with good result. On October 22, 2014, evaluation revealed bilateral shoulder pain. She reported gastrointestinal upset with naproxen and stated pantoprazole was not as effective as omeprazole. The omeprazole was continued. An injection in the left shoulder joint was requested. Magnetic resonance imaging of the left shoulder revealed abnormalities of the left shoulder noted to be a result of compensatory strategies to reduce right shoulder strain and pain. Evaluation on December 16, 2014, revealed continued left shoulder pain following a steroid injection. On January 20, 2015, evaluation revealed a near 100% reduction in left shoulder pain with the last steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 51 year old patient complains of bilateral shoulder pain, rated at 6-7/10, as per progress report dated 01/20/15. The request is for PHYSICAL THERAPY 2 X 6. There is no RFA for this case, and the patient's date of injury 03/31/09. The patient is status post right shoulder surgery in 2009. The patient is using Tramadol, Naproxen, and Ketamine 5% cream to treat pain in joint shoulder. The patient's work status has been determined as permanent and stationary, as per the same report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treating physician is requesting 12 sessions of physical therapy to strengthen the shoulders and improve range of motion, as per progress report dated 01/20/15. None of the available progress reports document prior physical therapy. However, the request of 12 sessions exceeds 8-10 sessions recommended by MTUS in non-operative cases. The request IS NOT medically necessary.