

Case Number:	CM15-0061840		
Date Assigned:	04/07/2015	Date of Injury:	06/17/1999
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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 55 year old female, who sustained an industrial injury on 6/17/1999. She reported cumulative repetitive injury to bilateral shoulder, neck and back. Diagnoses include right elbow epicondylitis, multiple cervical disc protrusion, and adhesive capsulitis of the right shoulder. Treatments to date include anti-inflammatory, physical therapy, cortisone joint injections, kenalog joint injections, and home exercise. Currently, she complained of ongoing neck pain, bilateral shoulder pain associated with numbing and shooting sensations. On 2/20/15, the physical examination documented cervical tenderness with triggering, spasm and positive Spurling's maneuver bilaterally and compression testing. The right shoulder examination was significant for decreased range of motion and the provider documented clinical symptoms clearly indicating adhesive capsulitis. The plan of care included physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck and shoulder pain. When seen, she had decreased right shoulder range of motion and a diagnosis of adhesive capsulitis. These findings and diagnosis have been documented since the initial evaluation in November 2014. The claimant's prior treatments would have included a home exercise program and patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for stretching and strengthening. Providing the number of requested skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. Finally, if further physical therapy were indicated, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected. The number of visits requested, therefore is also in excess of the applicable guidelines. The request is not medically necessary.