

Case Number:	CM15-0063578		
Date Assigned:	04/09/2015	Date of Injury:	08/26/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 42-year-old male, with a reported date of injury of 08/26/2014. The diagnoses include right shoulder sprain/strain, frozen right shoulder, and right shoulder partial thickness rotator cuff tear. Treatments to date have included physical therapy, Norco, Flexeril, hydrocodone-acetaminophen, injections, x-rays, and an MRI of the right shoulder. The progress report dated 02/24/2015 indicates that the injured worker complained of right shoulder pain. He stated that his right shoulder was doing better at the time of the appointment. The injured worker completed his course of physical therapy. He was working at modified/limited duty. The physical examination showed diffuse tenderness, strength decreased by pain, and positive supraspinatus stress test for rotator cuff tendinopathy. The treating physician requested physical therapy for the right shoulder to improve range of motion.

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, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The available medical record notes that this IW has previously had at least 24 PT visits, but there is no objective documentation of long-term functional improvement, the PT notes document improvement in ROM over the course of that therapy session but there seems to be no improvement over the course of multiple therapy sessions and no mention of any generalized functional improvement. Without documented improvement there is no way to assess efficacy of treatment or need for additional therapy. As such, the request for Physical Therapy for the Right Shoulder (12 sessions) is not medically necessary.