

Case Number:	CM15-0064676		
Date Assigned:	04/10/2015	Date of Injury:	08/29/2013
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 53 year old female patient who sustained an industrial injury on 08/29/2013. A primary treating office visit dated 10/16/2014 reported subjective complaint of right shoulder pain. The plan of care involved acupuncture therapy, and modified work duty. The patient is status post right shoulder arthroscopy on 02/07/2014. She reports the Norco helping with pain. Prior treatment to include: completing 24 sessions of physical therapy. A physical medicine evaluation dated 01/30/2015 reported chief complaint of right shoulder pain. The patient reports not using any medication at this time. She has previously tried Etodolac, Tramadol and Tylenol. Prior diagnostic testing to include magnetic resonance imaging, and radiography study. She is diagnosed with adhesive capsulitis, AC arthropathy; right shoulder pain, and cervical disc bulges. The plan of care involved: starting Voltaren gel, and Gabapentin 300mg, arthrogram of right shoulder, and consider trigger point injection. She is to remain off from work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Evaluation and Treatment 2 x per week 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy evaluation treatment two times per week times four weeks to the right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are shoulder pain; rotator cuff tear; AC arthropathy; and cervical disk bulge. The injured worker had right shoulder surgery in February 2014. In a January 30, 2015 progress note, the injured worker had ongoing pain and finished physical therapy, acupuncture and injections. The total number of physical therapy sessions is not documented. There were no progress notes (physical therapy) and the medical record. There is no documentation of objective functional improvement in the medical record. The most recent progress note dated March 12, 2015 shows the injured worker is engaged in a home exercise program. The treating physician mentioned in the treatment plan and "referral for physical therapy to work on her posture". Consequently, absent clinical documentation with objective functional improvement of physical therapy, the total number of physical therapy sessions to date and progress notes with evidence of objective functional improvement, additional physical therapy evaluation and treatment two times per week times four weeks to the right shoulder is not medically necessary.