

Case Number:	CM15-0072412		
Date Assigned:	05/20/2015	Date of Injury:	01/20/2015
Decision Date:	06/24/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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, Pain Management, Occupational 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 46 year old male, who sustained an industrial injury on January 20, 2015. He reported suffering repetitive trauma to the upper extremities. The injured worker was diagnosed as having chronic bilateral shoulder pain and right shoulder posterior labral tear. Treatment to date has included a MRI of the right shoulder. Currently, the injured worker complains of bilateral shoulders that radiate into the neck, back, and front chest, and neck pain. The Treating Physician's report dated March 2, 2015, noted the injured worker reported his pain at a 6/10 to 10/10, constant, and worse on the right side, causing him to be up at night due to pain. The injured worker was noted to have had no treatments as of that time, being told not to start physical therapy until he had seen an orthopedist. The injured worker's current medications were listed as Simvastatin, Lisinopril, Metformin, Metoprolol, and Glipizide. The injured worker was noted to have suffered a myocardial infarction in 2013 with stent placement, and was unable to take any non-steroid anti-inflammatory drugs (NSAIDs). Physical examination was noted to show full cervical spine range of motion (ROM) with some pain and palpatory tenderness over the cervical paraspinal muscles. The shoulders range of motion (ROM) was noted to be diminished bilaterally, with pain throughout the range of motion (ROM), and Neer's signs markedly positive with quite a bit of pain. A right shoulder MRI from February 2015 was noted to show a posterior labral tear with intact rotator cuff. The treatment plan was noted to include Norco 5/325 one occupational therapy two a day, with sixty dispensed, temporary total

disability extended to April 15, 2015, and requests for authorization for a MRI of the left shoulder, an orthopedic consultation, and physical therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: MTUS 2009 recommends a trial of physical therapy for shoulder myalgias. The patient's clinical examination reveals restricted range of motion for flexion and abduction. There is no mechanism of injury reported. The physical exam does not include any maneuvers provocative for impingement. There are no imaging studies of the left shoulder. The current diagnosis for the left shoulder is "pain." Based upon the clinical presentation and the lack of a diagnosis, physical therapy is not medically necessary at this time. There is no specific treatment plan since there is no diagnosis. The clinical examination reveals restricted symmetrical range of motion and there is no imaging study of the left shoulder. There is no diagnosis, which explains the clinical findings. This request for physical therapy of the left shoulder is not medically necessary since no treatment plan can be provided without a diagnosis and appropriate precautions to prevent worsening of the condition while participating in therapy.