

Case Number:	CM15-0077215		
Date Assigned:	04/28/2015	Date of Injury:	07/23/2013
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female who sustained an industrial injury on 07/23/2013. Diagnoses include superior glenoid labral lesion, and scapular dyskinesia. Treatment to date has included diagnostic studies, status post right shoulder therapy on 09/15/2014, medications, and physical therapy. A physician progress note dated 03/18/2015 documents the injured worker she continues to have some pain over the anterior part of the shoulder especially with lifting, and her pain is about 7 out of 10 and constant in nature mainly over the front of the shoulder. On examination she has some tenderness to palpation over the proximal and medial scapula. She has moderate scapular dyskinesia on the right side. Shoulder range of motion is restricted. Treatment requested is for physical therapy 2 times per week for 6 weeks for the right shoulder, and Scapulothoracic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface 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. Medical documentation provided indicates this patient has attended 32 post-operative physical therapy sessions, which is in excess of guidelines. The treating physician has not provided documentation that would warrant therapy in excess of guidelines and has not detailed why a home exercise program is not sufficient. As such, the request for Physical therapy 2 times per week for 6 weeks for the right shoulder is not medically necessary.

Scapulothoracic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; (Lumbar and Thoracic), Lumbar Support Upper back and neck, back brace and Other Medical Treatment Guidelines <http://www.alignmed.com/>.

Decision rationale: ODG states in the upper back segment to "See the Low Back Chapter for more information." ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain . . . Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)". ODG states for use as a "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. The treating

physician has not provided rationale behind the request for a scapulothoracic brace at this point in the patient's recovery that is supported by guidelines. As such, the request for Scapulothoracic brace is not medically necessary.