

Case Number:	CM15-0077893		
Date Assigned:	04/29/2015	Date of Injury:	05/01/2009
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 30-year-old female, who sustained an industrial injury on May 7, 2009. She reported neck and bilateral arm pain. The injured worker was diagnosed as having shoulder pain and myalgia and myositis not otherwise specified. Diagnostic studies were not included in the provided medical records. Treatment to date has included physical therapy, wrists splints, and medications. On March 17, 2015, the injured worker complains of right shoulder pain with increased pain level since the prior visit. She has decreased shoulder range of motion. Her pain level was 4/10 with medications with functional improvement and improved mood. Her pain level was 9/10 without medications, which results in her not functioning as well and sleep difficulty. She has been deemed permanent and stationary. The treating physician noted that she had not completed her physical therapy due a death in her family. The physical exam revealed decreased range of motion, Tenderness of the acromioclavicular joint and trapezius, tenderness along the pectoralis and into the axilla, tenderness along the radial nerve distribution, and tenderness at the lateral epicondyle. The treatment plan includes 6 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 times a week for 6 weeks right shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Physical therapy section.

Decision rationale: For impingement, syndrome significant results were found in pain reduction and isodynamic strength for physical therapy. ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks. In this situation, the treating physician documents physical findings consistent with a right shoulder impingement syndrome. The injured worker had completed 6/12 physical therapy sessions but that was for the cervical spine and not the shoulder. It does not appear that she has had physical therapy for the shoulder to date. Physical therapy for the right shoulder, 1 time a week for 6 weeks, is medically appropriate and necessary in accordance with the guidelines. This conclusion differs from the utilization review. That review saw no functional benefit from physical therapy previously, but that reviewer did not seem to recognize that the therapy already done was for a different body part. Therefore, the request is medically necessary.