

Case Number:	CM15-0078352		
Date Assigned:	04/29/2015	Date of Injury:	05/26/2014
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: California

Certification(s)/Specialty: Emergency 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:

This 49-year-old male sustained an industrial injury to the neck, right shoulder and right elbow on 5/26/14. Previous treatment included magnetic resonance imaging, x-rays, physical therapy and medications. In a PR-2 dated 3/31/15, the injured worker complained of ongoing right shoulder pain and stiffness and intermittent neck and back pain. Magnetic resonance imaging right shoulder (9/8/14) showed a supraspinatus partial tear with tendinosis and humeral outlet stenosis. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, status post right shoulder dislocation and relocation, history of right elbow septic bursitis and severe adhesive capsulitis right shoulder. Patient has documented prior shoulder cortisone injection on 3/31/15 prior to approval or utilization review. Patient also has documented completed over 24 prior physical therapy sessions. The treatment plan included a cortisone injection, physical therapy for the right shoulder three times a week for four weeks and a prescription refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection, for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, 213.

Decision rationale: As per MTUS ACOEM guidelines, cortisone injections may be considered in adhesive capsulitis/impingement syndrome as an option prior to surgical consideration. It needs to be performed as part of an exercise/physical therapy program. In this independent medical review and prior Utilization Review, physical therapy was not considered medically necessary. Without the documentation of addition of a home-directed physical therapy and exercise program in conjunction with cortisone injection, cortisone injection is not medically necessary.

Physical Therapy 3 times weekly for 4 weeks (12 sessions), Right Shoulder (97014; 97110; 97140): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was documented as over 24) was completed and had reported subjective improvement. However, there is no documentation of any objective improvement in pain or function. There was no decrease in pain medication or documentation of work or home function. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.