

Case Number:	CM15-0095797		
Date Assigned:	05/22/2015	Date of Injury:	08/06/2013
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 08/06/2013. She has reported injury to the right shoulder. The diagnoses have included right shoulder sprain/strain rotator cuff; shoulder acromioclavicular joint arthritis; bicipital tendon rupture; adhesive capsulitis, shoulder; and status post right shoulder arthroscopy, subacromial decompression, debridement, Mumford procedure, biceps tenodesis, acromioplasty, and rotator cuff repair, on 11/05/2013. Treatment to date has included medications, diagnostics, bracing, injection, acupuncture, physical therapy, and surgical intervention. Medications have included Cyclobenzaprine, Tylenol-Codeine #3; and Vistaril. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. The injured worker reported that she has been doing physical therapy two times per week; since her last visit, she is making gains in strength; and she states her therapist would like to add weights to her routine. Objective findings included right shoulder impingement; tenderness to the anterior and posterior capsule; and range of motion is improved. The treatment plan has included adding resistance exercise to physical therapy; additional physical therapy for range of motion and strength gains. Request is being made for physical therapy two times per week times six weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in August 2013 and underwent arthroscopic right shoulder surgery in November 2013. She had postoperative physical therapy and begins another course of therapy in March 2015 and has had more than 40 physical therapy treatments in total. When seen, there was shoulder tenderness and impingement testing was positive. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is well in excess of that recommended and therefore not medically necessary. Additionally, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.