

Case Number:	CM14-0068482		
Date Assigned:	07/14/2014	Date of Injury:	02/08/2012
Decision Date:	09/23/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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

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 male who sustained a work related injury February 8, 2012. Past history included right shoulder arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle resection May, 2013. Electrodiagnostic studies performed December 2013, found carpal tunnel in both hands, no cervical radiculopathy. According to a primary treating physician's progress report, dated April 4, 2014, the injured worker presented with right shoulder pain. The pain level has remained the same since the last visit and the quality of sleep is poor. Current medication included Colace, Zofran, Celebrex and Lidoderm patch. He reports the Lidocaine reduces his neuropathic pain. He is pending authorization for recommended additional sessions of physical therapy and psychotherapy. Objective findings included; cervical spine- range of motion restricted by pain, paravertebral muscle tenderness both sides, tenderness at the paracervical muscles and trapezius; right shoulder-movements are restricted with flexion limited to 45 degrees, extension limited to 20 degrees, and abduction limited to 40 degrees; left shoulder movements are restricted with flexion limited to 120 degrees by pain, extension 20 degrees with pain, internal and external rotation 60 degrees with pain, Neer's and Empty Can tests are positive. On sensory examination, light touch sensation is decreased over the upper extremities on both sides and patch distribution. Diagnoses are shoulder pain; dizziness and giddiness. Treatment plan included to begin individual psychotherapy, continued use of TENS (transcutaneous electrical nerve stimulation) unit, medication, and at issue, a request for authorization for 8 additional physical therapy sessions to the right shoulder. Notes indicate that the patient has undergone 18 postoperative therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional outpatient physical therapy to the right shoulder, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, there is no statement indicating whether the patient is participating in a home exercise program or that the currently requested physical therapy will differ from what was performed before. If the patient has failed to improve from a home exercise program with appropriate modification, additional therapy may be indicated on a trial basis. The 8 visits currently requested exceed the number recommended as a trial by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.