

Case Number:	CM13-0008444		
Date Assigned:	06/06/2014	Date of Injury:	12/30/2011
Decision Date:	07/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 12/20/2011. Mechanism of injury described as a trip and fall off an escalator. There is report of prior occupational injury. Patient has a diagnosis of Right shoulder rotator cuff tear, adhesive capsulitis, thoracic pain, cervical strain and Right cervicobrachial syndrome. Medical records from primary treating physician and consultants reviewed. Last report provided until 5/6/14. However, records were reviewed until 10/31/13 in relation to original Physical Therapy request prior to 8/2/13 (UR) Utilization Review decision. More recent records are not relevant to the original UR review. Patient reports Right shoulder pain, Right neck and Right mid back pain. Pain worsens with lifting and repetitive movement of Right shoulder. pain is 5-7/10. Objective exam reveals normal gait, neck with normal range of motion(ROM). Right shoulder exam shows decreased ROM of shoulder especially with flexion, abduction, internal rotation and internal rotation. pain throughout shoulder. Reflexes of R arm is normal. Motor strength exam was limited by pain. Surgery had been recommended but pt refused as of 10/31/13. Report on 10/21/13 recommends physical therapy as per frozen shoulder protocol. Pain was slowly worsening compared to prior visits. Report on 9/9/13 report completion of 14 physical therapy sessions that report good gains in pain and range of motion but the gains are not documented. Report on 8/5/13 reports completion of 14 Physical Therapy sessions and that patient is doing home exercise program with good pain relief. X-ray of Right shoulder(12/30/11) reveals moderate degenerative changes consistent with degenerative arthritis. MRI of Right shoulder(1/25/12) reveals partial tear of subscapularis, biceps tendinosis, chronic partial tear of supraspinatus, effusion and adhesive capsulitis. Patient has received shoulder joint injections with some improvement in pain. Patient had completed several physical therapy sessions, TENS (Transcutaneous Electric Nerve Stimulation) unit, heat and ice treatment. Current medication

include Aleve, Motrin and Prozac. Some notes mention occasional use of Norco. Utilization review is for physical therapy. Prior UR on 8/2/13 recommendation non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

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

Decision rationale: Patient has already completed 14 sessions of physical therapy to the affected shoulder with rotator cuff tear and adhesive capsulitis. As per ACOEM Guidelines, a short course of Physical Therapy is recommended. Patient has already completed Physical Therapy sessions with good results. Guidelines recommend continued mobility of shoulder and home exercise and strengthening program that patient is currently reportedly performing. There is not likely to be any additional benefit from directed physical therapy or passive stretching by physical therapist that cannot be done with the current home directed program. The additional physical therapy request also does not mention how many additional sessions was requested. The requested additional Physical Therapy sessions is not medically necessary.