

Case Number:	CM13-0018328		
Date Assigned:	10/11/2013	Date of Injury:	03/09/2010
Decision Date:	01/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty certificate in Pain Medicine, and is licensed to practice in Oklahoma & Texas. 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 physician 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:

The patient is a 56-year-old male who reported an injury on 04/12/2011. His symptoms were noted to include bilateral shoulder joint pain. The physical exam noted range of motion of the right shoulder as flexion 98 degrees, extension 30 degrees, abduction 112 degrees, adduction 22 degrees, external rotation 60 degrees, internal rotation 43 degrees; and range of motion of the left shoulder as flexion 178 degrees, extension 30 degrees, abduction 178 degrees, adduction 30 degrees, external rotation 60 degrees, and internal rotation 60 degrees. It was also noted that impingement signs were positive on the right. The patient's diagnoses included sprain/strain of the bilateral shoulders and right, greater than left, impingement syndrome of the shoulder. A recommendation was made for physical therapy for the bilateral shoulders to improve range of motion, pain, and function, as well as an orthopedic shoulder evaluation for possible steroid injections. The patient was also noted to be taking medications and participating in a home stretching and strengthening exercise program. It was noted the patient was approved for 6 physical therapy visits for the bilateral shoulders on 08/26/2013. An orthopedic comprehensive evaluation was noted to have been completed of the right shoulder on 09/11/2013 and it was stated at that time that the patient's left shoulder was not a problem at that time. The patient was diagnosed with right shoulder rotator cuff syndrome, with rotator cuff and biceps tendinopathy, and possible impingement syndrome. The patient was seen on 09/27/2013 and it was noted he responded very well to his trial of 6 physical therapy visits for the shoulders with improved range of motion, improved function, and decreased pain. His range of motion of the right shoulder was noted to have improved to flexion 165 degrees, extension 30 degrees, abduction 162 degrees, adduction 25 degrees, external rotation 60 degrees, internal rotation 43 degrees. A physical therap

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8 sessions) for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 48,98-99.

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

Decision rationale: According to California MTUS Guidelines, 9-10 visits for physical therapy over 8 weeks is recommended for patients with chronic myalgia with a purpose of restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. The patient was stated to have originally had symptoms of bilateral shoulder pain and was noted to have improved with his initial 6 visits of physical therapy as evidenced by decreased pain and increased function. However, at his orthopedic evaluation on 09/11/2013, it was noted the patient had no functional deficits or symptoms related to his left shoulder. Therefore, despite the patient's documented improvement with previous physical therapy, the request for physical therapy of the bilateral shoulders is not supported. For this reason, the request is non-certified.