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| Case Number: | CM13-0019473 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 07/07/2010 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 in Interventional Spine 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 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:

Patient reports with date of injury of 07/07/2010. Patient has diagnoses of L4-5 spondylolisthesis, right leg radioclopathy, left shoulder impingement and acromioclavicular arthrosis, L3-5 degenerative disc disease and stenosis. Patient is status post left shoulder arthroscopy (12/15/2011). According to report dated 07/30/2013 by [REDACTED] patient presents with complaints of constant pain in her left shoulder. Examination of the shoulder reveals normal contour and no evidence appreciable swelling over the bilateral shoulders. There is no atrophy of the shoulder musculature. There was negative impingement sign bilaterally. Range of Motion (ROM) were 172-175 flexion, 35-45 degrees extension, and 170-180 degrees of abduction bilaterally. [REDACTED] requests 8 physical therapy sessions to better manage patient's ongoing pain. UR denied the request stating that there were no relevant diagnostics pertinent to this request provided. [REDACTED] appealed stating, "Patient is clearly suffering from physical deconditioning due to her injury and pain related fear/avoidance associated with this chronic pain over 3-6 month" and would benefit from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder 2x4 (8 sessions): 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: The patient presents with persistent shoulder pain with shoulder arthroscopic surgery from 12/15/11. Medical records show that 12 sessions of physical therapy were as authorized on 04/05/2012. The patient then received another round of 8 sessions for a flare-up from 12/6/2012 to 01/02/2013. Each physical therapy progress notes provided in the medical file states that the patient reviewed a HEP as reinforcement of what was practiced during treatment. The treater would like the patient to undergo another 8 sessions to address deconditioning and persistent pain. Examination was unremarkable with near normal range of motion for both shoulders. This patient's last round of physical therapy was in January 2013. The treater's current request for 8 additional sessions are not excessive. However, MTUS guidelines do not discuss maintenance therapy or therapy for a flare-up conditions. While the treater makes a good argument for additional therapy, without a new diagnosis, new injury or post-surgical, MTUS does not allow for therapy intervention. The reports do not show why the patient cannot do home exercises to address deconditioning and persistent pain. MTUS guidelines allow 8-10 sessions of therapy for myalgia, myositis, neuritis type of problems and the patient has already had more than that. Recommendation is for denial.