

Case Number:	CM13-0020037		
Date Assigned:	10/11/2013	Date of Injury:	12/12/2009
Decision Date:	01/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/04/2013

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 Family Practice, and is licensed to practice in 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 43-year-old female who reported an injury on 6/2/10. She has had ongoing treatment for a left shoulder rotator cuff tear, marked impingement, a SLAP tear, and was diagnosed as having a shoulder sprain/strain, and brachial neuritis/radiculitis. On 3/11/13, the patient underwent a left shoulder arthroscopy with debridement and irrigation. The patient's postsurgical diagnoses/assessment was a left shoulder rotator cuff tear, partial; acromial impingement grade II to III labral tear, partial treated by arthroscopy; and cervical spine straightening as seen on the MRI. According to the documentation, the patient has been participating in physical therapy postoperatively

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation for medications and physical therapy three times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS Guidelines state that a patient can utilize physical medicine for restoring flexibility, strength, endurance, function, and range of motion; physical medicine can also alleviate discomfort. The Physical Medicine Guidelines state they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Patients are allowed 9-10 visits over 8 weeks for myalgia and myositis unspecified, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Although the patient has had a history of chronic neck pain, California MTUS Guidelines do not discuss physical therapy in the chronic phase. The patient has already undergone physical therapy post-surgically and the documentation does not provide a thorough description of the efficacy of this treatment. Furthermore, an additional 9 sessions of physical therapy would exceed guideline allowance for physical therapy. Furthermore, the patient has not been diagnosed as having any significant change in her pathology that would indicate the need for extended physical therapy at this time. As such, the requested service is non-certified for the physical therapy. As for the request for an outpatient consult for the use of medications, California MTUS does not address office visits. However, under Official Disability Guidelines, it does state that office visits are utilized for the monitoring of patients who are utilizing narcotics or antibiotics which do require a close monitoring. This patient has been noted as using an opioid at this time for control of her pain. However, it is unclear what medication the physician is recommending the outpatient consults for at this time. Therefore, the requested service is not deemed medically necessary at this time. As such, the requested service is non-certified.