

Case Number:	CM13-0022753		
Date Assigned:	11/13/2013	Date of Injury:	01/08/2008
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 65-year-old female who reported an injury on 01/08/2008. The patient is currently diagnosed with unspecified disorders of bursae and tendons in the shoulder region, knee internal derangement, shoulder impingement, osteoarthritis, and cervical spondylosis without myelopathy. The patient was recently evaluated by [REDACTED] on 10/10/2013. The patient complained of neck, low back, right knee, and right foot pain. Physical examination revealed 0 degree to 90 degree passive range of motion of the right knee, crepitus with motion, normal gait, limited range of motion of the affected joints, stiffness in the cervical spine, and normal coordination. Treatment recommendations included a cervical epidural steroid injection as well as physical therapy and cortisone injections for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state medical treatment for shoulder impingement includes 10 visits over 8 weeks. As per the clinical notes submitted, physical examination of bilateral shoulders was not noted. Documentation of a significant musculoskeletal or neurological deficit was not provided for review. Additionally, the current request for physical therapy x12 sessions exceeds guideline recommendations for a total duration of treatment. Therefore, the request is non-certified.

shoulder cortisone injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 weeks to 3 weeks. Official Disability Guidelines state criteria for steroid injections include the diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. There should be documentation of pain that is not adequately controlled by recommended conservative treatment after at least 3 months. As per the clinical notes submitted, there is no documentation of a failure to respond to previous conservative treatment prior to the request for an injection. There is no documentation of pain that interferes with the patient's functional activities. Although the patient does maintain a diagnosis of impingement syndrome, there is no physical examination of the bilateral shoulders provided for review. Based on the clinical information received, the request is non-certified.