

Case Number:	CM13-0032549		
Date Assigned:	12/11/2013	Date of Injury:	11/07/2001
Decision Date:	03/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 and 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.

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 48-year-old female with date of injury of 11/07/2001. The listed diagnoses per [REDACTED] dated 09/09/2013 are status post right shoulder arthroscopic surgery, 2008, [REDACTED] and recurrent rotator cuff tendinopathies/impingement syndrome versus partial rotator cuff tear. According to progress report dated 09/09/2013 by [REDACTED], the patient states that she feels that "physical therapy is helping her a lot, and she would like to continue for more sessions." She has had trigger point injections in the past in her lower back which made her feel better and would also like to have another set of injections today. Physical examination shows that the patient is able to walk without any supportive devices, but there is severe discomfort with walking. There is tenderness to palpation of the lumbosacral region, lower back range of motion is restricted and causes severe pain. There is guarding with motion. Motion is restricted approximately 50% of normal. Hyperextension exacerbates her symptoms and causes radiating pain into her right lateral leg. Straight leg is positive bilaterally. Reflexes are normal. Muscle strength of the lower extremities is within normal limits. Treating physician is requesting 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Shoulder Chapter.

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

Decision rationale: The patient presents with chronic right shoulder pain, and she is status post cervical and lumbar surgeries from 2012. The treating physician is requesting 12 physical therapy visits. Utilization review dated 10/07/2013 denied the request stating that "There was no documentation of previous physical therapy visits and how much treatment has been received and a statement as to why any residual deficits cannot be resolved in the context of a home program." Unfortunately, review of over 400 pages of records does not show any recent physical therapy reports to verify how much treatment and what results were accomplished. MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. In this case, the patient may benefit from a short course of therapy for the patient's continued pain and to improve function, however, records do not show a recent therapy history with results. However, the requested 12 visits exceed what is recommended by MTUS guidelines. Therefore, recommendation is for denial.