

Case Number:	CM13-0033564		
Date Assigned:	03/03/2014	Date of Injury:	05/19/2013
Decision Date:	05/09/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California and Virginia. 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 expert 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 46-year-old who was injured on May 19, 2013 while washing dishes which included heavy pans and parts of the rotisserie chicken device. The patient lifted it, felt a pulling sensation and pop in the left shoulder and states it was heavy. After three days of persisting pain, she reported her injury to her employer and she was referred to [REDACTED]. On May 27, 2013, she had complaints of pain in her left shoulder, as well as in her left forearm and left hand. A MRI of her left shoulder was obtained and she was given restrictions of limited lifting of ten pounds. Prior treatment history has included physical therapy, Advil for pain and swelling, Lidoderm patches #30. Diagnostic studies reviewed include open MRI of the left shoulder with intra-articular contrast dated July 17, 2013; and an arthrogram of left shoulder for a left Workmans' Comp Fluoro Gado joint injection to the shoulder. Initial Orthopedic evaluation report dated August 30, 2013 indicated the patient complained of pain in her left shoulder at 8-9/10. She occasionally felt popping from her shoulder with activities such as lifting and doing laundry. Her symptoms included tightness and soreness. She had difficulty getting dressed and showering. There was tingling in her left arm. She would massage and rub her shoulder for relief. On inspection of the left shoulder, there were no scars or swelling. Palpation exam revealed clavicle 1+ with pain; AC joint 2+ with pain; Post Acromion 2+ with pain; Levator scapula 2+ with pain; trapezial area 2+ with pain; impingement area 2+ with pain; and biceps tendon 2+ with pain. Range of motion examination revealed flexion to 150. The patient was diagnosed with left shoulder impingement presumably rule out internal derangement and left upper extremity tendonitis. Physical therapy was requested for left shoulder phase I, phase II, and phase III rehabilitation protocol should be initiated. Orthopedic Consultation dated August 13, 2013 documented the patient to have complaints of left shoulder pain radiating down the left

arm. Examination of the left shoulder revealed no surgical or traumatic scars. The overlying skin was intact with no lacerations, abrasions, puncture wounds or skin breakdown. There was painless palpation over the acromioclavicular joint and greater tuberosity of the shoulder. There was no tenderness in the subacromial space of the shoulder to palpation. Range of motion revealed forward flexion to 180 degrees on the right, 160 degrees on the left; extension to 50 degrees bilaterally; abduction 180 degrees on the right and 140 degrees on the left; adduction to 50 degrees bilaterally; IR 90 degrees on the right; ER 90 degrees on the right and 20 degrees on the left. Motor strength examination was 5/5 in muscle groups on the right; the left was 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical therapy is recommended early in the course of treatment to provide short term pain relief and improve the rate of healing soft tissue injuries. The guidelines recommend a fading treatment frequency from up to three visits per week to one or less with the goal of incorporating an active patient role with exercise, education, and activity modification. The medical records indicate that the patient has already been through a course of physical therapy for her condition with no improvement in her symptoms or condition. There is also no documentation of a home exercise program or activity modification recommendations. Given the lack of improvement and the previous course of physical therapy, there is no indication for continued passive physical therapy for the left shoulder. The request for physical therapy for the left shoulder is not medically necessary or appropriate.