

Case Number:	CM13-0034346		
Date Assigned:	12/06/2013	Date of Injury:	03/01/2013
Decision Date:	01/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This patient is a 31-year-old female with a reported date of injury of 03/01/2013. The mechanism of injury was described as a repetitive work injury secondary to difficult feeding, diaper changing, and repetitive use of her shoulder. An MRI of the left shoulder was obtained, revealing tendinopathy and an intrasubstance tear of the rotator cuff involving primarily the supraspinatus and infraspinatus. She was sent to physical therapy with an initial physical therapy date of 07/16/2013. She returned to clinic on 08/08/2013, still with complaints of pain to the left shoulder. She stated that at that time, she had gone to 6 physical therapy visits and stated that it was not helping very much. Range of motion in forward flexion was 180 degrees, as was abduction with 180 degrees. Internal rotation was to L1, and external rotation was 90 degrees. The diagnoses included pain to the shoulder, impingement syndrome and bursitis of the subacromial space. The plan was to recommend the continuation of physical therapy for 2 times a week for 4 weeks to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week times four (4) weeks to the left shoulder:
Upheld

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

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

Decision rationale: This request is for outpatient physical therapy 2 times a week times 4 weeks to the left shoulder. The records indicate that this patient does have some tendinopathy to the left shoulder, but the records also indicate that she has undergone physical therapy times 6 visits and stated that it was not helping her very much. Examination on 08/08/2013 revealed that she had 180 degrees of forward flexion to the left shoulder, 180 degrees of abduction to the left shoulder and was able to internally rotate to L1. External rotation was to 90 degrees. Thus, she did not have any significant range of motion deficits for which physical therapy would be recommended. The records do not indicate that she had any significant strength deficits. The records also did not indicate current status, as the records are silent after 08/08/2013. The MTUS Chronic Pain Guidelines, in discussing physical medicine, state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." As the records do not indicate that she had significant improvement with the 6 physical therapy visits, and as the records are silent as to her current status, and as the records do not indicate that she has been prescribed a home exercise program along with physical therapy; this request is non-certified.