

Case Number:	CM13-0037860		
Date Assigned:	12/18/2013	Date of Injury:	01/14/2012
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 and is licensed to practice in Texas and Ohio. 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 45-year-old male who reported an injury on 01/14/2012. The patient is currently diagnosed with left shoulder impingement syndrome and partial tear of the supraspinatus tendon, left shoulder rotator cuff syndrome, lumbar spine disc herniation without myelopathy, and lumbar spine strain/sprain. The patient was seen by [REDACTED] on 09/06/2013. The patient presents with left shoulder pain as well as lower back pain. Physical examination revealed tenderness to palpation of the left shoulder, normal strength, limited range of motion on the left, positive Codman's test on the left, positive impingement testing, positive Neer and Hawkins testing, limited lumbar range of motion, paraspinous tenderness, negative straight leg raising, and intact sensation. Treatment recommendations included a course of physical therapy 3 times per week for 6 weeks, a urinalysis, continuation of current medication, an ultrasound stimulator for home use, and orthopedic and pain management consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

A group of additional physical therapy for the left shoulder and lumbar spine (3x6):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter; Physical Therapy.

Decision rationale: The California MTUS Guidelines state that 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. The Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the clinical documentation submitted, the patient has previously completed a course of physical therapy. Documentation of the previous course, with total duration of treatment and treatment efficacy, was not provided for review. Additionally, the current request for physical therapy 3 times per week for 6 weeks exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is noncertified.

ultrasound stim DME for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: The California MTUS Guidelines state that therapeutic ultrasound is not recommended. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating patients with pain or a range of musculoskeletal injuries, or for promoting soft tissue healing. As guidelines do not recommend the use of this physical modality, the current request is noncertified.