

Case Number:	CM13-0040957		
Date Assigned:	12/20/2013	Date of Injury:	12/31/2008
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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 62-year-old female with date of injury on 12/31/2008. The permanent and stationary evaluation dated 11/11/2013 by [REDACTED] indicates that the patient's diagnoses include: Right shoulder recurrent impingement evidenced by residual type II acromion and tendinosis on the most recent MRI scan, overuse, left shoulder, impingement and rotator cuff tendinopathy. The patient continues with bilateral shoulder pain. The patient underwent surgery in 2012 for the right shoulder for impingement. The patient has continued with pain since then. There was a report of multiple repeat MRIs, the latest on 02/16/2013 which demonstrated some continued rotator cuff tendinopathy and mild acromioclavicular joint arthrosis. The patient has undergone postoperative conservative treatment consisting of a significant amount of physical therapy and injections. She has been offered additional surgical intervention for a revision subacromial decompression but has declined. She still has some obvious left shoulder symptoms. Physical exam findings include: Neer's impingement sign is positive on the left. There is a 4+/5 rotator cuff strength on external rotation and forward flexion on the right, decreased range of motion of the right shoulder on flexion and abduction by about 20 degrees. It was noted that the patient had a second opinion by [REDACTED] on 09/20/2013. He felt the patient should undergo additional physical therapy, and if this does not assist her, acupuncture could be tried. On 10/02/2013, request for a trial of physical therapy and possible acupuncture were recommended per the second opinion recommendations. The utilization review letter dated 10/09/2013 indicates that there was a request for 12 sessions of additional physical therapy, which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient appears to have continued bilateral shoulder pain and is status post right shoulder surgery in 2012. The patient had previously undergone extensive physical therapy of the shoulders. Revision surgery was offered to the patient but declined. The patient received a second opinion by [REDACTED] who recommended additional physical therapy and possibly acupuncture. A request was made on 10/02/2013 for 12 sessions of additional physical therapy. MTUS Guidelines pages 98, 99 regarding physical medicine allows for up to 10 sessions of physical therapy for myalgia and myositis unspecified. Request for 12 additional physical therapy sessions exceeds the recommended guidelines noted above. The patient has also had extensive physical therapy in the past year, and the treating physician does not indicate any rationale that would suggest this patient is unable to continue their home exercise program. Therefore, recommendation is for denial.