

Case Number:	CM13-0044479		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2012
Decision Date:	04/29/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 60-year-old with a date of injury of February 15, 2012 due to repetitious tasks. The patient was seen by her physician on October 2, 2013, with complaints of pain in both shoulders. The patient's musculoskeletal exam showed normal sensation to light touch in her upper extremities but tenderness to palpation. The patient was able to forward flex her right arm to 50 degrees before pain and externally rotate 5 degrees. The patient could actively elevate her left arm to 95 degrees and externally rotate to 20 degrees and internal rotation to L4. The patient had pain and weakness in both arms. Shoulder x-rays showed II-B arch with well preserved acromioclavicular and glenohumeral joint spaces. MRIs showed left shoulder partial rotator cuff tear and right shoulder showed an intact repair. The patient's urine toxicology screen was positive for TCAs and opioids. The patient's diagnoses were bilateral shoulder pain and stiffness- left worse than right, adhesive capsulitis-left worse than right and status post right shoulder arthroscopic surgery. The plan indicated that physical therapy did not help the left shoulder. The patient was referred for physical therapy of the right shoulder which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used in the past for her left shoulder as a modality without much success and a self-directed home program should be in place. The patient is also taking opioids and tricyclic antidepressants for her pain. The request for physical therapy for the right shoulder is not medically necessary or appropriate.