

Case Number:	CM13-0047827		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2009
Decision Date:	03/13/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

This is a 57-year-old female who reported an injury on 06/06/2009 secondary to repetitive pulling with the right arm while getting in and out of a van. The patient is currently diagnosed with lumbosacral disc degeneration, a rotator cuff tear and an acromioclavicular sprain. The patient initially presented with right shoulder pain. The patient is status post right shoulder rotator cuff repair and subacromial decompression done in 12/2009. The patient subsequently has developed pain in neck and back. Diagnostic studies include an x-ray, MRI and electrodiagnostic testing. The right shoulder MRI dated 06/13/2011 revealed a partial tear of the conjoined tendon of the supraspinatus and infraspinatus as well as mild acromioclavicular arthrosis. The upper extremity EMG/NCV dated 06/30/2011 delineated evidence of a peripheral neuropathy bilaterally. Other treatments have included medications, muscle stimulation, low back injections and physical therapy. The patient had reported relief from previous physical therapy. The total of reported physical therapy sessions to date is 12 with dates of service of 01/26/2012 through 03/28/2012 and 58 visits from 05/20/2013 through 07/24/2013 as well as a home exercise program in place. The patient reportedly has had a recent lumbar ESI which provided 60% improvement. Physical examination revealed full range of motion in the cervical and lumbar spines. Straight leg raise was negative. Continued physical therapy was recommended; however, the current examination did not reflect significant residual deficits. The request was previously reviewed and denied on 10/23/2013 based on the documentation provided for review did not show any physical deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy two times a week for four weeks for lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The CA MTUS Guidelines state that passive and active therapy are beneficial in the early and post-acute phases of treatment for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request for physical therapy 2 times a week for 4 weeks for the lumbar spine and right shoulder is non-certified. The documentation provided indicated that the patient has had 70 physical therapy sessions to date, which exceeds the recommended total number of physical therapy sessions per the guidelines. Also, there was no documentation provided to indicate that the patient has any neurological and functional deficits. As such, the request is non-certified.