

Case Number:	CM13-0048883		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2013
Decision Date:	04/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58-year-old female, who works as a medical assistant, and injured her left shoulder when a patient pulled on it on 06-07-2013. She was diagnosed with a partial supraspinatus tendon tear after a thorough physical examination and an MRI. She was unable to use her left arm at all when she began the first physical therapy sessions, during which time she was also taking Anaprox to reduce inflammation and Prilosec to minimize gastric irritation. A progress report on 10/04/13 stated that she had completed 6 physical therapy sessions with some moderation of her pain but still with activity limiting discomfort. She reported improvement week-to-week. Examination noted no tenderness to palpation of the acromioclavicular (AC) joint and "active forward elevation and internal rotation was full." An impingement sign was positive. The attending physician requested an additional eight physical therapy sessions, twice weekly over four weeks with the likelihood that all symptoms would be relieved. If no improvement, then an injection or surgery would be considered. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "Left shoulder additional physical therapy 2x/week RFA 10-17-13 Quantity: 8".

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK RFA 10-17-13 QUANTITY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) guideline recommends physical therapy with fading of treatment frequency associated with "active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, nine to ten visits over eight weeks. For neuralgia, neuritis, and radiculitis nine to ten visits over four weeks. The Official Disability Guidelines (ODG) states that for a rotator cuff syndrome, ten visits over eight weeks are recommended. In this case, the patient has received six sessions of physical therapy of the shoulder. An additional eight sessions are requested, which exceeds the recommendation of ten visits. Though there was documentation of functional improvement of the joint, the record does not document the medical necessity for a total of eight additional sessions.