

Case Number:	CM13-0050791		
Date Assigned:	03/26/2014	Date of Injury:	12/18/2012
Decision Date:	06/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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 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:

This 53 year-old special-ed teacher sustained an injury to her neck and right shoulder on 12/18/12 when a student pushed her in the face while employed by [REDACTED]. Requests under consideration include physical therapy consultation and 8 sessions physical therapy, right shoulder. Diagnoses include right shoulder tendinopathy, tear of supraspinatus tendon. Conservative care has included extensive physical therapy, medications, modified activities, and off work. Cervical spine x-rays of 1/25/13 noted multi-level disc space narrowing; MRI of C-spine dated 3/26/13 showed 1-2 mm disc bulge at C5-6 without neural foraminal, canal stenosis or nerve impingement. MRI of the right shoulder dated 9/9/13 showed moderate partial thickness bursal tear of supraspinatus; tendinopathy of infraspinatus and subscapularis; subacromial/subdeltoid bursitis; and minial AC joint degenerative changes. Physical therapy consultative report of 2/1/13 noted patient with ongoing complaints of pain in the enck and head rated at 7/10. Exam showed limited range, guarded motion, bilateral shoulder motor strength of 3- to 3+/5 due to pain complaints. The patient has remained off work for 2 weeks. Reports of 9/19/13 and 10/10/13 from the orthopedic provider noted unchanged neck and shoulder complaints with unchanged exam findings of right shoulder motion impairment to 90% with positive impingement sign for MRI finding of partial supraspinatus tear. Treatment plan was unchanged and included continuation of medications and PT. The requests for PT consultation and therapy of 8 session for the right shoulder was non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERPY CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This 53 year-old special-ed teacher sustained an injury to her neck and right shoulder on 12/18/12 when a student pushed her in the face while employed by [REDACTED]. Requests under consideration include physical thery consultation and 8 sessions physical therapy, right shoulder. Diagnoses include right shoulder tendinopathy, tear of supraspinatus tendon. Conservative care has included extensive physical therapy, medications, modified activities, and off work. MRI of the right shoulder dated 9/9/13 showed moderate partial thickness bursal tear of supraspinatus. It is unclear why another PT consultation is necessary as the patient had Physical therapy consultative done with report of 2/1/13 noting patient with ongoing complaints of pain in the enck and head rated at 7/10. Reports of 9/19/13 and 10/10/13 from the orthopedic provider noted unchanged neck and shoulder complaints with unchanged exam findings of right shoulder motion impairment to 90% with positive impingement sign for MRI finding of partial supraspinatus tear. Treatment plan was unchanged and included continuation of medications and PT. It is unclear how many PT sessions have been completed to date. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2012. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. As the patient has had PT consultation with previous therapy rendered without demonstrated functional improvement, the additional PT sessions requested are not medically necessary and appropriate; thereby, another Physical Therapy Consultation is not medically necessary and appropriate.

8 SESSIONS PHYSICAL THERAPY, RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder, Physical Therapy.

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

Decision rationale: This 53 year-old special-ed teacher sustained an injury to her neck and right shoulder on 12/18/12 when a student pushed her in the face while employed by [REDACTED]. Requests under consideration include physical thery consultation and 8 sessions physical therapy, right shoulder. Diagnoses include right shoulder tendinopathy, tear of

supraspinatus tendon. Conservative care has included extensive physical therapy, medications, modified activities, and off work. MRI of the right shoulder dated 9/9/13 showed moderate partial thickness bursal tear of supraspinatus. It is unclear why another PT consultation is necessary as the patient had Physical therapy consultative done with report of 2/1/13 noting patient with ongoing complaints of pain in the neck and head rated at 7/10. Reports of 9/19/13 and 10/10/13 from the orthopedic provider noted unchanged neck and shoulder complaints with unchanged exam findings of right shoulder motion impairment to 90% with positive impingement sign for MRI finding of partial supraspinatus tear. Treatment plan was unchanged and included continuation of medications and physical therapy (PT). It is unclear how many PT sessions have been completed to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2012. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The 8 sessions physical therapy, right shoulder is not medically necessary and appropriate.