MAXIMUS Federal Services

Case Number:	CM13-0063571		
Date Assigned:	01/15/2014	Date of Injury:	12/09/2011
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Management 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:

The patient is a 53 year old female who was injured on 12/09/2011. The mechanism of injury is unknown. Prior treatment history has included an ultrasound guided left shoulder intra-articular injection with steroid using a posterior approach. MRI of the left shoulder dated 08/23/2012 revealed supraspinatus tendinosis and a possible tiny insertional intrasubstance partial tear. There was a mutiseptated cyst/ganglion at the inferior myotendinous junction of the supraspinatus; Infraspinatus tendinosis and mild interstitial partial tearing. There was a small subacromial/subdeltoid bursal effusion; mild acromioclavicular joint degenerative disease. There was a sizable inferior acromiale spur; and intra-articular long head biceps tendinosis. PR2 dated 11/07/2013 indicated the patient was in with complaints of numbness in her arm. She had been doing her exercises. She has not been able to progress in her symptoms. Physical exam was deferred. The patient had been doing well with physical therapy and making improvements. PR2 dated 09/26/2013 documented no exam was performed. PR2 dated 08/09/2013 reported the patient complained of numbness in the left arm when sleeping on that side. Otherwise, she did her [redacted]; Exam was deferred. PR2 dated 07/03/2013 documented exam was deferred. PR2 dated 03/15/2013 documented the patient presented for follow-up. She had completed 2 physical therapy sessions thus far and found it be helpful. She stated "I'm able to raise my arm at 130 now", doing better. She was able to move her arm better but she still cannot lift boxes at work. She was worried that she might re-injure it again. Objective findings on exam revealed left shoulder flexion to 130 degrees, but otherwise FROM. The patient was diagnosed with adhesive capsulitis and tendinopathy of rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Physical Medicine is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The medical records document the patient diagnosed with adhesive capsulitis and tendinopathy of rotator cuff, the patient hade sever session of PT. In the absence of documented the exact number of the session of prior PT, and the subjective and objective improvement of pain and function, the request is not medically necessary and appropriate according to the guidelines.