

Case Number:	CM13-0064068		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2013
Decision Date:	05/16/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine 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 62-year-old female who was injured on 09/18/2013. The mechanism of injury is unknown. Prior treatment history has included six sessions of physical therapy. Medications include diclofenac sodium ER 100 mg. Diagnostic studies reviewed include MRI of the left shoulder w/o contrast dated 11/19/2013 revealed the following: 1. Full thickness tears of the anterior 20% of the supraspinatus tendon at its insertion. There is tendinosis of the rest of the tendon. 2. Tendinosis of the infraspinatus tendon. Tendinosis of the subscapular tendon. 3. The labrum appears grossly normal. 4. Cystic changes are noted along the superior aspect of the glenoid that may represent an intraosseous ganglion cyst or degenerative disc changes. 5. Moderate degenerative changes of the acromioclavicular joint with mild mass effect on the underlying supraspinatus myotendinous junction. Physical Therapy progress note dated 10/25/2013 reveals the patient has had six sessions of therapy. Assessment: Improved shoulder flexion, extension and internal rotation on range of motion. Would benefit from continuing Physical Therapy (PT) for manual therapy, therapy exercises and modalities as appropriate. Frequency 2 x week for 3 weeks. Progress note dated 11/23/2013 documented the patient to have complaints of pain in the left shoulder. Objective findings on examination of the shoulders revealed bilateral range of motion flexion 180 degrees, extension 40 degrees, abduction 180 degrees, internal rotation 80 degrees, external rotation 90 degrees. There is no tenderness to palpation on subdeltoid bursa and bicipital tendon. Motor strength is normal and sensory is normal. Assessment: 1. Supraspinatus sprain/strain (muscle/tendon) 2. Non-traumatic rupture of other tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 2 WEEKS FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: The Chronic Pain Medical Guidelines recommend up to 10 physical therapy visits over 8 weeks for the patient's shoulder condition. Records provided for review show that the patient has already completed 6 physical therapy sessions. An additional 6 physical therapy visits have been requested. The requested 6 visits exceed guideline recommendations. Therefore, the requested 6 additional physical therapy visits are not medically necessary and appropriate.

PRESCRIPTION OF DICLOFENAC SODIUM ER 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67*68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Specific Drug List & Adverse Effects; NSAID (Non-Steroidal Anti-Inflammatory Drugs); Anti.

Decision rationale: According to the CA MTUS guidelines, "anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The patient has been using Non-Steroidal Anti-Inflammatory Drugs (NSAID) on a chronic basis, but objective functional benefit and pain reduction are not established. Medical necessity has not been established.