

Case Number:	CM13-0064110		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2013
Decision Date:	10/16/2014	UR Denial Date:	11/25/2013
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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 45-year-old female with a reported date of injury on 02/25/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical radiculopathy, cervical sprain/strain, status post surgery left shoulder, right rotator cuff tear, and right shoulder impingement syndrome. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 12/17/2013 revealed complaints of intermittent pain to the bilateral shoulders. The injured worker rated her pain as 6/10 and reported it was made worse by activities of daily living and relieved by rest, physical therapy and medication. The physical examination of the shoulders revealed a positive Neer's and Hawkins sign. There was a grade 4 muscle weakness to the left shoulder during the range of motion. The range of motion to the left shoulder was diminished with flexion was to 100 degrees, extension was to 20 degrees, abduction was to 90 degrees, adduction was to 10 degrees, external rotation was to 50 degrees, and internal rotation was to 0 degrees. The progress note dated 04/03/2014 revealed complaints of shoulder pain. The injured worker indicated that she had pain with sudden movements and that her shoulder felt like she had a cap that prevented her from raising it. The physical examination of the left shoulder revealed sensitivity to touch with 90% to 95% full motion. There was pain with any movement and positive impingement signs. The Request for Authorization form was not submitted within the medical records. The request was to continue physical therapy 3 times 4 for the left shoulder to work on strength, motion and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 3x4 For The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request to continue physical therapy 3x4 for the left shoulder is not medically necessary. The injured worker has had approximately 24 visits of postoperative physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has completed approximately 24 visits of postoperative physical therapy. There is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. The injured worker is not in the chronic phase of treatment and the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.