

Case Number:	CM14-0000627		
Date Assigned:	01/10/2014	Date of Injury:	03/27/2013
Decision Date:	06/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 & 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 is a 33-year-old female with a 3/27/13 date of injury to her cervical spine and right shoulder after lifting a child. An MR Arthrogram was performed on 5/3/13 showing no definite tear or tendinopathy of the rotator cuff and no evidence of a labral tear. The patient was most recently seen on 11/13/13 complaining of constant pain in the right shoulder. Her treatment to date has consisted of at least 8 sessions of PT, acupuncture, and a right shoulder injection. She was also on medications including Diazepam, Naproxen, Norco, and Flexeril. Exam findings revealed decreased range of motion of the right shoulder with tenderness at the greater tuberosities, acromion, and clavicle. There was rotator cuff tenderness and subacromial grinding and clicking with positive impingement. Muscle strength is 3/5. The patient is noted to have had physical therapy to the right shoulder in April 2013 and from 6/19/13 to 7/23/13 (8 sessions) with mild improvements to the right shoulder range of motion (flexion from 134 to 148 degrees, abduction 128 to 144 degrees, external rotation from 48 to 55 degrees) and slight decrease in pain. It was noted that the treatment plan as of 7/23/13 was for an additional 12 sessions of physical therapy. The patient was discharged from physical therapy on 8/20/13 as she had attained maximum benefit (flexion from 148 to 156 degrees, abduction from 144 to 156 degrees, and external rotation from 55 to 60 degrees). The UR determination dated 12/5/13 denied the request for 12 PT visits for the right arm given the patient had physical therapy in the past and the number of sessions would have exceeded treatment guidelines and no exceptional factors were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISIT FOR THE RIGHT ARM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition, Shoulder Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Physical therapy guidelines impingement syndrome

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient is noted to have had physical therapy to the right shoulder in April 2013 and from 6/19/13 to 7/23/13 with mild improvements to the right shoulder range of motion (flexion from 134 to 148 degrees, abduction 128 to 144 degrees, external rotation from 48 to 55 degrees) and slight decrease in pain. At that time the treatment plan was to continue 12 more sessions of physical therapy. The patient was discharged from PT on 8/20/13 as she had derived maximal benefit (flexion from 148 to 156 degrees, abduction from 144 to 156 degrees, and external rotation from 55 to 60 degrees) and was independent with a home exercise program. ODG recommends 10 visits over 12 weeks for medical treatment of impingement syndrome. The request for 12 visits in addition to the visits the patient has already had would exceed ODG guidelines. In addition, there are no exceptional factors noted to warrant additional physical therapy. The request for an additional 12 sessions of physical therapy is not medically necessary.