MAXIMUS Federal Services

Case Number:	CM14-0003527		
Date Assigned:	01/31/2014	Date of Injury:	02/28/2011
Decision Date:	06/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year old male who had a work injury dated February 28, 2011, when he slipped in mud, fell on his left side hurting his left shoulder, neck, left hip, and left knee. The diagnoses include status post shoulder repair 2011 with ongoing discomfort in the shoulder.2. Cervicogenic pain, mild, but present with some dermatological loss on the left side compared to the right. There is a request for physical therapy two times a week for four weeks for his left shoulder and acupuncture two times a week for four weeks for his left shoulder. A 12/10/13 primary treating physician report reveals that after the patient's injury an MRI of his left shoulder showed a partial-thickness tear of the inferior surface of the supraspinatus muscle of the rotator cuff and a tear in the anterior labrum of the glenoid fossa. The patient underwent a subacromial decompression and biceps tenodesis laparoscopically on September 19, 2011. The patient has had ongoing pain in his left shoulder. He has not felt that he could work because of this pain. He also feels he has pain in his neck. He has had no physical therapy in 2 years. On physical exam, the patient has reasonable range of motion of his neck., he can flex 30 degrees, normal is 38; he can extend 30 degrees, normal is 38; his left and right rotation is normal; he has no spasms of his trapezius muscle; he does have discomfort on endpoints on the left side where the left shoulder was damaged, but he does not have any radicular findings; he can abduct both shoulders to 180 degrees; he can flex both shoulders 180 degrees; he can extend his right shoulder 60 degrees and his left shoulder 40 degrees; he can adduct his right shoulder 60 degrees, but adduct his left shoulder only 40 degrees; he can externally rotate his left shoulder only 60 degrees and his right shoulder 90 degrees; he has negative Hawkins' maneuver on the right and the left. There is no evidence of impingement. There is no evidence of SLAP tear or rotator cuff tear at this time and his tendon reflexes are equal and normal bilateral. He says the sensation on the left in C5, C6 and

C7 nerve dermatomes are less than on the right. However, he says he does feel pinprick and light touch on both sides. He has decreased strength and fine motor touch on his left side. The plan states that the providing physician feels that the left shoulder seems to be in relatively good range of motion. He suggests physical therapy and states that this might give him better range of motion and that acupuncture would get him better pain relief. The patient could return to work at modified duty with lifting no more than 20 pounds and no pushing or pulling on a regular basis with the left arm. Other than that, he can work a full 8-hour day. There is a request for physical therapy two times a week for four weeks for his left shoulder and acupuncture two times a week for four weeks for his left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The request for 8 sessions of physical therapy, (PT), are not medically necessary per the MTUS criteria.The documentation indicates that the patient has had 30 post op PT visits after his SLAP repair. A 12/20/12 document from patient's physical therapist indicates patient is independent in a home exercise program for his shoulder and also exercises were given for trapezius/neck area.The document dated 12/10/13 indicates that the patient has "fairly good' shoulder range of motion and is back at work on modified duty. The request for 8 visits of PT is not medically necessary as patient should be well versed in a home exercise program at this point and the documentation does not support the need for a formal physical therapy program. The request for 8 sessions of physical therapy is not medically necessary.

8 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture is not medically necessary as written per the MTUS Chronic Pain Treatment Guidelines. The guidelines state that the time to produce functional improvement is 3 to 6 treatments and that acupuncture treatments may be extended if functional improvement is documented. The request for 8 sessions would exceed the 3-6 treatment recommendations and is not medically necessary as written. The request for 8 sessions of acupuncture is not medically necessary.