

Case Number:	CM14-0004089		
Date Assigned:	02/05/2014	Date of Injury:	04/03/2012
Decision Date:	07/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 65 year old female who reported injury to the left shoulder on 08/12/2011 secondary to lifting desks onto a truck and trailer. The injured worker complained of left shoulder pain that according to the physician's report on 11/12/2013, was improving with therapy. Examination of the upper extremities was done on 11/12/2013 revealed 170 degrees of forward elevation, 80 degrees of external rotation, and internal rotation to L2 at the left shoulder with some pain. There was mild trapezial and paracervical tenderness, and equivocal impingement sign at the left shoulder. A magnetic resonance imaging (MRI) on 04/27/2012 concluded the biceps tendon was medially displaced from the bicipital groove, supraspinatus tendinosis, and hypertrophic degenerative change of the acromioclavicular joint. The injured worker had diagnoses of left shoulder impingement with rotator cuff tendinosis and cervical/paracervical strain. She had past treatments of at least 24 physical therapy visits, oral anti-inflammatory medication and a topical analgesic. Her medications were voltaren 100mg daily with food and methoderm gel to be applied topically twice a day. The treatment plan is for #3 physical therapy visits 2 x 6 = 12 Qty: 12. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Section.

Decision rationale: The request for physical therapy visits 2 x 6 is non-certified. The injured worker complained of left shoulder pain that according to the physician's report on 11/12/2013, was improving with therapy. She had past treatments of at least 24 physical therapy visits, oral anti-inflammatory medication and a topical analgesic. CA MTUS/ACOEM guidelines state that instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the injured worker about an effective exercise program. Official Disability Guidelines (ODG) recommends in conjunction with a home exercise program, 10 visits of physical therapy over 8 weeks for impingement syndrome and a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The injured worker has had at least 24 physical therapy visits since the reported injury on 08/12/2011, which well exceeds the recommended number of visits. Therefore the request for physical therapy visits 2 x 6 is not medically necessary.