

Case Number:	CM14-0006454		
Date Assigned:	02/07/2014	Date of Injury:	05/05/2000
Decision Date:	07/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 56-year-old male who has submitted a claim for persistent left shoulder pain associated with an industrial injury date of 05/05/2000. The medical records from 02/06/2013 to 1/31/2014 were reviewed and showed that patient complained of persistent left shoulder pain, graded 4/10, which radiates to the trapezius and interferes with his activities of daily living. The physical examination revealed no edema with slightly decreased range of motion with passive left shoulder flexion and abduction. Shoulder impingement, empty can, Yergason's, O'Brien, thrower's arm, and apprehension tests were negative on the left shoulder upper extremity. An MRI of the left shoulder done 2/6/2013 showed left shoulder labral tear. An electromyography study done 1/30/13 showed normal median nerve and ulnar nerve conduction and sensory conduction block of median nerve on the left side. The treatment to date has included 12 completed visits of physical therapy, a home exercise program, Oxycodone IR 15mg TID #90, Fentanyl patch 50mcg/hr to skin q48 #15, and Diclofenac 50mg two (2) times per day #60. The utilization review, dated 01/03/2014, denied the request for twelve visits of physical therapy at two times a week for six weeks to the left shoulder because the patient had already 12 sessions of physical therapy. The patient is expected to have learned independent exercises, as additional sessions would exceed guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT SHOULDER X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114 and Non-MTUS Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pages 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Shoulder, Superior Glenoid Labrum Lesion.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The Official Disability Guidelines recommend 10 visits over 8 weeks for superior glenoid labrum lesions. In this case, objective findings revealed that there were no impingement signs of the left shoulder. Moreover, the patient has already completed 12 visits of physical therapy and has the proper knowledge to continue independent home exercise program to facilitate or maintain improvements in the left shoulder. Therefore, the request for additional physical therapy two (2) times a week for six (6) weeks for the left shoulder is not medically necessary.