

Case Number:	CM14-0006833		
Date Assigned:	02/05/2014	Date of Injury:	10/13/2008
Decision Date:	07/17/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 62-year-old female who has submitted a claim for Bilateral Shoulder Impingement and Osteoarthritis associated with an industrial injury date of October 13, 2008. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of persistent left and right shoulder pain. Physical examination revealed tenderness of bilateral AC joints. Bilateral shoulders had limited active abduction and external rotation. Impingement signs were positive but there was reasonable strength with resistance to abduction. Treatment to date has included AC joint cortisone injections, an unknown number of completed PT sessions, and medications, which include Percocet, Ecotrin, Colace, Naproxen and Tramadol. Utilization review from December 20, 2013 denied the request for physical therapy evaluation unspecified shoulder qty: 1 and physical therapy twice a week for six weeks to unspecified shoulder qty: 12 because there was not enough documentation to make a medical necessity determination. There was no recent physician exam note with objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION UNSPECIFIED SHOULDER QTY: ONE (1):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156;.

Decision rationale: As stated on pages 127, and 156 of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists, if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. CA MTUS Chronic Pain Medical Treatment Guidelines recommends fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home physical therapy is recommended. In this case, review of records indicate that the patient already had physical therapy for her shoulders however the number of sessions and outcome were not documented. Based on the recent clinical evaluation dated 12/26/13, the patient still complained of bilateral shoulder pain. A shoulder AC cortisone injection was done. The physical examination did not show worsening of the patient's condition that may warrant further consultation for physical therapy evaluation. Furthermore, it is unclear as to why an additional physical therapy evaluation is needed, as there was no evident medical necessity established for the request. Therefore, the request for Physical Therapy Evaluation Unspecified Shoulder Qty: One (1) is not medically necessary.

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO UNSPECIFIED SHOULDER, QTY: TWELVE (12.00): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. Official Disability Guidelines recommend 10 visits over 8 weeks for rotator cuff syndrome/impingement syndrome of the shoulder. In this case, a progress report dated 12/3/13 mentioned that treatment of the patient's shoulder has included pain medications and physical therapy. The patient was also authorized 12 PT sessions for the shoulder previously, however, no documentation regarding completion of visits and treatment response following therapy was provided. There is likewise no documented comprehensive physical examination and

impairments in activities of daily living that support the need for additional therapy sessions. There is no clear indication for continued physical therapy sessions in the absence of evidence participation in a home exercise program. Therefore, the request for Physical Therapy Two (2) Times A Week for Six (6) Weeks to Unspecified Shoulder, Qty: Twelve (12.00) is not medically necessary.