

Case Number:	CM14-0008816		
Date Assigned:	02/12/2014	Date of Injury:	10/19/2012
Decision Date:	12/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 Interventional Spine 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 49 year old female with the injury date of 10/19/2012. The patient presents with pain in her left shoulder. The patient rates her pain as 7/10. The patient feels improvement since the surgery, and per 10/02/2013 progress report suggests 30% improvement. The patient presents full range of shoulder motion bilaterally but feels pain with full forward flexion. There is diffuse tenderness over the left shoulder. Resisted abduction strength is 4/5 and drop arm test is negative. Per Medical-legal Functional Capacity Evaluation on 07/10/2013, the patient has a total 11% WPI, 8% WPI from left shoulder and 3% WPI from pain. The patient also reports having low back pain. The patient presents limited and painful range of lumbar motion. There is tenderness over the great tuberosity. The patient remains TTD (temporary total disability). Diagnoses on 10/02/2013. 1. Left shoulder s/p arthroscopy, subacromial decompression and AC (acromioclavicular) joint resection 2. Mild rotator cuff tendinitis left shoulder 3. Mass left axilla The utilization review determination being challenged is dated on 01/08/2014. Treatment reports were provided from 07/31/2013 to 10/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in her left shoulder and lower back. The patient is status post left shoulder arthroscopy (the date of operation is not provided). The request is for Physical therapy 3 times a week for 6 weeks. There were no treating physician's reports or therapy reports available for this review. Information was relied on the utilization review denial letter from 01/08/2014. Based on this report, the patient has had some post-operative therapy, although the exact number is not mentioned. For post-operative therapy treatment, MTUS guidelines allow 24 visits of physical therapy over 14 weeks following arthroscopic repair of rotator cuff. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, three reports are provided for this review and it is not known when the patient underwent shoulder surgery and whether or not the patient is inside the post-operative therapy time-frame cannot be determined. However, based on the permanent and stationary report from 7/10/13 with final impairment rating, it is likely that the patient has sufficiently recovered from surgery. The patient's post-operative therapy treatments are not known and there is no information as to how the patient responded to therapy. The reports do show that the patient has a full ROM (range of motion) with pain and some weakness. There is no discussion as to why the patient is unable to perform the necessary home exercises and why additional formalized therapy is required. Furthermore, the requested 18 sessions exceed what is allowed by MTUS for non-post-operative therapy treatments. The request is not medically necessary.