

Case Number:	CM14-0102545		
Date Assigned:	08/22/2014	Date of Injury:	12/08/2009
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopedic Surgery, 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:

This 58-year-old female sustained an industrial injury on 12/8/09 relative to a slip and fall. The patient was status post multiple surgeries on each shoulder, most recently the right shoulder on 1/2/13 with 32 post-op physical therapy sessions authorized. Records indicate that the patient was stable from November 2013 through April 2014. The 5/19/14 progress report cited a flare-up of grade 7-8/10 right shoulder pain radiating to her neck and down to the right forearm. She reported that she was not able to use her right upper extremity and had difficulty with overhead activity and sleeping due to pain. She was taking Norco 10/325 mg two tablets every 4 to 6 hours. Objective findings documented antalgic gait using a straight cane. Right shoulder range of motion was limited with flexion/abduction 110 degrees. External rotation was reported very limited. There was marked anterior right shoulder and upper trapezius tenderness to palpation. Hawkin's test was positive. The diagnosis included chronic bilateral shoulder pain, status post right shoulder rotator cuff repair with possibly developing adhesive capsulitis, chronic low back pain secondary to lumbosacral degenerative disc disease, persistent chronic intractable neck pain secondary to cervical degenerative disc disease, neuropathic pain, and chronic pain syndrome. The treatment plan recommended 8 visits of physical therapy for the right shoulder flare to help improve range of motion, strength, and endurance. The treatment plan refilled Norco 10/325 mg #260, recommended Flexeril for muscle spasms, and requested replacement TENS unit electrodes and battery. The 6/9/14 utilization review denied the request for physical therapy as the patient was outside the post-surgical treatment period and she had exceeded the 24-visit physical therapy cap. The 7/16/14 treating physician report cited grade 7-8/10 bilateral shoulder pain and increasing lower back pain with severe muscle spasms and stiffness. She reported difficulty with prolonged standing and walking. The patient was miserable and had very poor coping mechanisms. Physical exam documented antalgic gait using a straight can with short

strides. Right shoulder range of motion was very limited with flexion 110, abduction 110, and external rotation 20 degrees. There was marked tenderness over the right anterior shoulder and tenderness over the bilateral upper trapezius and lumbar paraspinal muscles. The patient was on a moderate amount of Norco and function was declining. Physical therapy was recommended to help with strength and endurance. Consideration of a functional restoration program was opined given the patient's very poor coping mechanisms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one per week for 8 weeks (8 visits): Overturned

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

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

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines support limited use of passive therapy directed at controlling symptoms. Passive therapies can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support up to 10 visits for myalgia/myositis. Guideline criteria have been met. Given the failure of medications and home therapy to resolve the current flare, a course of physical therapy with guideline recommendations is reasonable to restore function. Therefore, this request is medically necessary.