

Case Number:	CM14-0013625		
Date Assigned:	02/26/2014	Date of Injury:	01/02/2006
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 67-year-old male who reported an injury on 01/02/2006 due to a repetitive lifting injury. The MRI scan dated 02/12/2013 revealed bilateral carpal tunnel syndrome, myoligamentous strain of the cervical spine, multilevel disc bulge, and anxiety and depression. The clinical note dated 01/10/2014 noted the injured worker presented with complaints of pain in the left shoulder aggravated with overhead reaching. Upon exam, the left shoulder range of motion values were 160 degrees of flexion, 35 degrees of extension, 160 degrees of abduction, 40 degrees of adduction, 65 degrees of internal rotation, and 70 degrees of external rotation. There was a positive impingement test to the left shoulder and subacromial grinding and clicking on the left shoulder. The diagnoses were status post ablation procedure to the right shoulder, adhesive capsulitis on 08/20/2008, status post right shoulder arthroscopy in 2008, left shoulder rotator cuff full thickness tear, tendonitis, and impingement. The prior treatment plan included recommendations for left shoulder arthroscopy surgery with rotator cuff repair for the therapeutic and analgesic purposes to reduce pain and increase function internal medicine evaluation for surgical clearance, and the provider is recommending 18 sessions of physiotherapy. The provider's rationale was not included. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF PHYSIOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POST SURGICAL TREATMENT GUIDELINES,

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

Decision rationale: The request for 18 sessions of physiotherapy is non-certified. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend 10 physical therapy sessions. There was a lack of documentation indicating the injured worker's prior courses of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy, the request for 18 sessions of physiotherapy would exceed the guideline recommendations. The provider did not include the site at which the physiotherapy was indicated, and there was no frequency indicated. As such, the request for 18 sessions of physiotherapy is not medically necessary and appropriate.