

Case Number:	CM14-0014687		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2010
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 46 year old with an injury date on 8/25/10. Based on the 1/27/14 progress report provided by [REDACTED] the diagnoses are left shoulder impingement syndrome and severe with loud subacromial-snapping (compensatory injury), cervical strain with bilateral upper extremity C7/C8 cervical radiculitis, CS-6 disc and osteophyte with mild flattening anterior spinal cord and borderline central canal spinal stenosis, C6-7 mild left paracentral disc and osteophyte protrusion, history of liver problems secondary to use of medications as prescribed prior to being seen in this office on 4/09/12, sleep disturbance because of pain and numbness, status post arthroscopy right shoulder with acromioplasty and extensive debridement superior labral tear and injection with Marcaine 0.25% plain on 6/19/13 and painful snapping scar tissue band, right shoulder. An exam on 1/27/14 showed "positive impingement sign, positive supraspinatus sign of right and left shoulder. Range of motion of left and right shoulder, moderately limited with pain. C-spine, positive Spurling sign." [REDACTED] is requesting 8 sessions of physical therapy. The utilization review determination being challenged is dated 1/28/14 and modifies request from 8 to 6 sessions stating that a trial of physical therapy is indicated. [REDACTED] is the requesting provider, and he provided treatment reports from 2/15/13 to 1/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with right and left shoulder pain, and neck pain radiating down the right greater than left upper extremity with numbness and paresthesias and is s/p right shoulder surgery from 6/19/13 for acromioplasty and extensive debridement superior labral tear. The provider has asked 8 sessions of physical therapy on 1/27/14. On 8/27/13, patient states physical therapy is helping range of motion and strength, but cannot lift heavy objects. On 11/11/13, patient has had 6 therapy sessions with "slight improvement" and has discontinued all meds due to liver condition per 1/6/14 report. On 12/20/13, the patient has completed 36 sessions and has stopped therapy because it is hurting right shoulder. The requested 8 additional sessions were due to begin 12/23/13 per 1/27/14 report. The 1/6/14 and 1/27/14 report do not state the reason provider desires further sessions. For acromioplasty, California MTUS allows 24 visits over 14 weeks for 6 months post-surgery. The patient has had no recent flare-ups, records indicate physical therapy ceased due to patient discomfort and provider does not provide rationale for 8 additional sessions of physical therapy. The request is not medically necessary.