MAXIMUS Federal Services

Case Number:	CM14-0015651		
Date Assigned:	03/03/2014	Date of Injury:	08/02/2013
Decision Date:	07/18/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 26-year-old male who has submitted a claim for impingement and tendinitis of the left shoulder associated with an industrial injury date of 08/02/2013.Medical records from 09/09/2013 to 02/18/2014 were reviewed and showed that patient complained of pain and discomfort of the left shoulder. The pain grade was not specified and there was no numbness noted. A pphysical examination revealed absence of edema or tenderness over the left shoulder. There was decreased shoulder range of motion (ROM) with extension. Pain was noted at the terminal ROM for the left shoulder. The Painful Arc Sign, External Rotation Lag Sign, Internal Rotation Lag Sign, Hawkins Kennedy Test, Internal Rotation Resistance Strength Test, and Lift off Test were all negative.The treatment to date has included at least six (6) completed visits of physical therapy, Daypro (oxaprozin) 600 mg twice a day #30, Muscle Rub 85g three (3) times a day, Etodolac 400mg three (3) times a day, and Tizanidine HCL 2mg at hour of sleep.The utilization review, dated 01/24/2014, modified the request for eight (8) visits of physical therapy at two (2) times a week for four (4) weeks to six (6) visits of physical therapy, because the CA MTUS Guidelines allow for fading of treatment frequency plus active self-directed home therapy. Additional visits are deemed necessary to review a home exercise program (HEP) and transition the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; and the Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 2nd Edition-Disability Duration Guidelines (Official Disability Guidelines, 9th Edition)/Work Loss Data Institute.

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

Decision rationale: The Chronic Pain Guidelines indicate that active therapy requires an internal effort by the individual to complete a specific exercise or task. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The physical medicine guidelines allow for fading of treatment frequency from up to three (3) visits per week to one (1) or less plus active self-directed home physical medicine. In this case, the patient was noted to be actively participating in a home exercise program (HEP). The number of prior physical therapy (PT) visits was also not documented. The objective findings revealed no signs of impingement with noted improvement of shoulder range of motion (ROM). The patient must be actively participating in an HEP to alleviate shoulder pain and discomfort and maintain improvement levels. Therefore, the request is not medically necessary.