

Case Number:	CM14-0017067		
Date Assigned:	04/14/2014	Date of Injury:	10/12/2011
Decision Date:	05/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational Medicine 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 63 year old female who was injured on 10/10/2011. She began experiencing ever increasing pain and discomfort about her right hand, right arm, and right upper extremity. Prior treatment history has included carpal tunnel syndrome and trigger fingers. Diagnostic studies reviewed include MRI of the right shoulder without contrast dated 02/03/2014 revealed a partial-thickness tear on the undersurface of digital supraspinatus tendon with some tendinopathy is demonstrated. Orthopedic note dated 01/08/2014 documents the exam reveals significant limitations in motion with respect to her shoulders. She has significant guarding particularly with respect to scapulothoracic muscles and glenohumeral joint. It is recommended the patient receives therapy to regain motion prior to consideration for surgery. Orthopedic note dated 11/20/2013 documents the patient is unchanged on exam from before. She has limited range of motion of her right shoulder. She has global nonspecific pain about her right shoulder. This patient needs to be metabolically stable; that would be the first step. The second step is to engage in therapy to help regain motion with respect to the right shoulder glenohumeral joint. The third step is consideration for surgical intervention to address rotator cuff tear with debridement versus repair and potential removal of the calcific tendon deposit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG) and (ODG) Official Disability Guidelines

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

Decision rationale: This is a request for physical therapy for a 63 year old female with right shoulder rotator cuff tears for strengthening prior to possible surgery. At the time of the request the patient appears to have had 6 physical therapy visits. Guidelines recommend up to 10 visits over 8 weeks for this situation. 4 additional visits are approved. Medical necessity of 8 physical therapy visits is not established at this time.