

Case Number:	CM14-0017391		
Date Assigned:	04/14/2014	Date of Injury:	01/14/2013
Decision Date:	06/02/2014	UR Denial Date:	02/06/2014
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 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 injured worker is a 62 year-old male who reported an injury on 01/14/2013; the mechanism of injury was a repetitive use injury. The injured worker had diagnoses including bilateral shoulder sprain and strain, rotator cuff tear bilateral shoulder, tendinosis of the right shoulder, left upper extremity overuse syndrome, compressed nerve in the left elbow, and carpal tunnel syndrome left wrist. The injured worker reported continued pain to the right shoulder. The injured worker reported the pain was occasionally sharp with certain movements. An official MRI of the left shoulder dated 04/13/2013 revealed a full-thickness tear of the supraspinatus tendon and partial-tear tendinosis of the remaining supraspinatus and infraspinatus tendons. There was subscapularis tendinosis/partial tear, high-riding humeral head, and hypertrophic arthritic changes of the acromioclavicular joint with down sloping of the acromion. There was moderate subacrominal/subdeltoid bursitis fusion and minimal biceps tendon tenosynovitis without evidence of gross tendon tear. The clinical note dated 12/17/2013 noted due to the injured workers right shoulder pain, the provider recommended 12 sessions of physical therapy directed to the right shoulder. The clinical note dated 01/21/2014 noted upon physical exam of the right shoulder revealed tenderness to palpation at the long head of the biceps, anterior portion and middle portion was noted as positive, Neer's test was positive bilaterally, and the Hawkin's test was positive on the right. Drop arm/supraspinatus testing was negative. The injured workers right shoulder range of motion was assessed and documented as follows; flexion was 158 degrees, extension was 55 degrees, abduction was 152 degrees, external rotation was 75 degrees, and internal rotation was 61 degrees. Motor strength test to the right shoulder with abduction and external rotation was 4/5. The request for physical therapy 12 sessions for the right shoulder was submitted on 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 9899.

Decision rationale: The California MTUS Guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus participation in an active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks for myalgia and myositis. It was noted the patient previously attended 2 sessions of physical therapy for the right shoulder. However, the injured worker was advised to discontinue physical therapy after an MRI of the right shoulder was performed which revealed a rotator cuff tear; the efficacy of the prior sessions was unclear. Due to the injured worker's chronic right shoulder pain, range of motion deficits, and strength deficits, he would benefit from 8-10 visits of physical therapy. However, the request for physical therapy 12 sessions for the right shoulder would exceed the guideline recommendations. Therefore, the request for physical therapy 12 sessions for the right shoulder is non-certified.