

Case Number:	CM14-0123675		
Date Assigned:	09/16/2014	Date of Injury:	03/29/2013
Decision Date:	11/07/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a 3/29/13 date of injury. At the time (4/15/14) of request for authorization for Physical therapy (no frequency or duration specified), Manipulation modalities (no frequency or duration specified), and Referral to orthopedic surgery right shoulder, there is documentation of subjective (right shoulder pain) and objective (tenderness to palpitation over the supraspinatus/Infraspinatus muscles and great tuberosity and decreased range of motion of the right shoulder) findings, current diagnoses (right shoulder rotator cuff syndrome, right shoulder impingement syndrome, and right shoulder supraspinatus tendon tear), and treatment to date (medications). Regarding Physical therapy (no frequency or duration specified), there is no documentation of functional deficits and functional goals. Regarding Manipulation modalities (no frequency or duration specified), there is no documentation of frozen shoulder or thoracic outlet compression symptoms. Regarding Referral to orthopedic surgery right shoulder, there is no documentation that the consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (no frequency or duration specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Online Version: Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of rotator cuff impingement s not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome, right shoulder impingement syndrome, and right shoulder supraspinatus tendon tear. However, despite documentation of subjective (right shoulder pain) and objective (tenderness to palpitation over the supraspinatus/Infraspinatus muscles and great tuberosity and decreased range of motion of the right shoulder) findings, there is no (clear) documentation of functional deficits and functional goals. In addition, there is no documentation of the number of physical therapy sessions needed. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy (no frequency or duration specified is not medically necessary).

Manipulation modalities (no frequency or duration specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation

Decision rationale: MTUS reference to ACOEM identifies documentation of frozen shoulder or thoracic outlet compression symptoms. ODG allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome, right shoulder impingement syndrome, and right shoulder supraspinatus tendon tear. However, there is no documentation of frozen shoulder or thoracic outlet compression symptoms. Therefore, based on guidelines and a review of the evidence, the request Manipulation modalities (no frequency or duration specified is not medically necessary).

Referral to orthopedic surgery right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome, right shoulder impingement syndrome, and right shoulder supraspinatus tendon tear. However, there is no documentation that the consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Referral to orthopedic surgery right shoulder is not medically necessary.