

Case Number:	CM14-0127824		
Date Assigned:	08/15/2014	Date of Injury:	11/06/2013
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 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:

This injured worker is a female with a date of injury of November 6, 2013. A utilization review determination dated July 31, 2014 recommends non-certification of physical therapy for the left shoulder. A progress note dated July 22, 2014 identifies subjective complaints of constant left shoulder pain and intermittent neck pain. The patient completed physical therapy for the left shoulder with no significant relief. The patient complains of constant right knee pain and intermittent left knee pain, and the patient is currently receiving physical therapy for bilateral knees with some benefit. Physical examination identifies positive Hawkins and Neer's tests; pain localizing to the acromioclavicular joint with cross body adduction; tenderness at the acromioclavicular joint; 4/5 strength with supraspinatus, 5/5 with belly press; internal rotation in the scarecrow position 40, external rotation 55; and the patient is able to forward flex to 160 with active assistance, which appears to be mostly limited due to pain. An MR/arthrogram of the left shoulder dated July 15, 2014 was interpreted to show a full thickness rotator cuff tear of the supraspinatus and long head biceps tendinopathy. Diagnoses include cervical thoracic strain/arthrosis, left shoulder rotator cuff tear with AC joint arthrosis and possible mild adhesive capsulitis, bilateral knee patellofemoral syndrome with mild arthrosis, and migraine headaches. The treatment plan recommends continuation of a home exercise program, prescription refill for Imitrex 100 mg, prescription for Flexeril 10 mg, prescription for Hydrocodone 10/325 mg, prescription for Omeprazole 20 mg, continuation with remaining nine sessions of physical therapy for bilateral knees, request for authorization for a referral to a psychiatrist for treatment of depression, informed consent was obtained for a left shoulder examination/manipulation under anesthesia with possible arthroscopic pick capsular release, subacromial decompression, Mumford procedure rotator cuff repair, and treatment of other pathologies as indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O Physical therapy (PT), Left Shoulder,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy for the left shoulder, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing progress towards or maintenance of objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, guidelines do not support the open-ended application of physical therapy, as is being requested here. In the absence of such documentation, the current request for physical therapy for the left shoulder is not medically necessary.