

Case Number:	CM14-0128597		
Date Assigned:	08/15/2014	Date of Injury:	07/04/2013
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
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 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 61 year old male who is right hand dominant and non-working. He sustained work-related injuries to the right shoulder on July 4, 2013. He had an initial psychiatric consultation on November 9, 2013 which noted that he had four to six physical therapy sessions without significant improvement and was given some range of motion exercises, home exercise program and ice application, as well as oral medications including Ultracet 37.5mg with Tylenol and Flector patch. As per records the medical records, dated May 22, 2014, he continued to complain of right shoulder and rated his pain while resting at 4/10 but with activities he rated his pain at 9/10. A cervical spine examination revealed limited range of motion with guarding. The right shoulder range of motion was limited. Reflexes as 1/4 but were symmetrical. Shoulder impingement was positive on the right. A magnetic resonance imaging (MRI) scan of the right upper extremity without contrast dated December 17, 2013 revealed the following: intrasubstance minor split tear of the supraspinatus tendon but no full-thickness tear, partial thickness tearing of the distal subscapularis tendon including transverse ligament as the biceps tendon is mildly medially subluxed along the anterior aspect of the bicipital groove. There is a component of attenuation of the intra-articular biceps tendon which increases risk for future rupture of the biceps tendon. There was degeneration and possible old degenerative tearing of the posterosuperior labrum and hook-like distal acromion with lateral downsloping continues to narrowing the supraspinatus outlet with mild adjacent subacromial subdeltoid bursitis. He is diagnosed with right shoulder with impingement and varying degrees of degenerative changes per the magnetic resonance imaging (MRI) scan. This is a review regarding physical therapy times six (6) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 visits for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: According to evidence-based guidelines, the use of active treatment modalities including exercise, education, activity modification instead of passive treatments is associated with substantially better clinical outcomes. Based on the guidelines, a home exercise program can produce better and significant outcomes for those whose condition is considered to be in the chronic phase. Moreover, evidence-based guidelines indicate that after a trial of six (6) physical therapy sessions should be assessed to check if the condition of an injured worker is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. A review of this injured worker's records indicate that he had prior four to six physical therapy sessions which did not provide any significant improvement and has been provided and taught with a home exercise program. Based on this information, the failure of a prior four to six physical therapy sessions is indicative that the requested additional six (6) physical therapy sessions will not be able to produce significant improvement as compared to active treatment modalities most especially in the chronic phase. In addition to this, no proper documentation as to the benefits of other treatment regimen afforded to this injured worker such as effects of current pain medication, improvement of range of motion, etc. to consider another set of physical therapy sessions. Therefore, the medical necessity of the requested six physical therapy sessions to the right shoulder is not established.