MAXIMUS Federal Services

Case Number:	CM14-0130849		
Date Assigned:	08/20/2014	Date of Injury:	04/10/2008
Decision Date:	09/19/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 4/10/08. Based on the 7/01/14 progress report by [redacted], this patient states "that both shoulders continue to be painful," but is "using a cream from [redacted] that was helping him." Exam of this patient's right shoulder reveals "mild tenderness to palpation diffusely, range of motion includes flexion of 160 degrees, abduction of 100 degrees, internal rotation of 90 degrees, and external rotation of 60 degrees with significant pain." Diagnoses for this patient are: 1. Right shoulder strain with rotator cuff tendinitis/bursitis and a full thickness rotator cuff tear, per MRI; status post right shoulder arthroscopic rotator cuff repair 11/5/09. 2. Crush injury of the right thumb/wrist with a history of a fracture at the base of the right thumb; status post right thumb CMC arthroplasty of November 4, 2010, with residuals. 3. Right carpal tunnel syndrome per EMG/NCV (Electromyography / Nerve Conduction Velocity), 4/10/09 and a right wrist TFCC tear, per MRI. 4. QME (Qualified Medical Evaluation), [redacted] 2/13/09. 5. Left shoulder strain, bicep tendon rupture due to compensating for right upper extremity; MRI evidence of full thickness tear of the supraspinatus tendon; status post left shoulder arthroscopy rotator cuff repair, sad, distal clavicular excision June 21, 2012. The utilization review being challenged is dated 7/18/14. The request is for physical therapy 2xWk x 4Wks Right Shoulder. The requesting provider is [redacted] with [redacted] and he has provided various reports from 2/4/14 to 8/01/14.

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 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with continued pain in both shoulders. The treater requests physical therapy 2xWk x 4Wks Right Shoulder. MTUS guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. In this case, this patient has already had 9 physical therapy visits as documented by the 5/13/14 progress notes by [redacted]. The request for 8 additional physical therapy sessions in addition to the 9 already received exceeds MTUS guidelines for this type of condition. Furthermore, there is no reason why this patient cannot reasonably transition to an active, self-directed home exercise regimen. Therefore, the request of Physical Therapy 2 times a week for 4 weeks for right shoulder is not medically necessary and appropriate.