

Case Number:	CM14-0179342		
Date Assigned:	11/03/2014	Date of Injury:	05/07/2012
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 Rehabilitation & 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:

The patient is a 54 year old male with an injury date of 05/07/12. Based on the 09/22/14 progress report provided by [REDACTED], the patient complains of bilateral shoulder pain. The patient is status post left shoulder arthroscopy on 08/17/12. Per treater report dated 05/05/14, physical examination to the right shoulder revealed tenderness in the bicipital groove. Range of motion was 0 to 150 degrees on forward flexion and 0 to 163 on abduction. Per progress report dated 09/22/14, the patient had Kenalog injection to the right shoulder on 05/05/14, and he received Kenalog injection to the left shoulder on 02/26/13. MRI of the Right Shoulder on 04/23/14 subchondral bony sclerosis within mid and lower glenoid fossa; mild posterior glenoid dysplasia in the upper sublabral region along the posterior glenoid rim; small subcortical microcysts within the posterolateral humeral head; moderate tendonitis of the distal subscapularis tendon; degenerative osteoarthritis with mild synovitis. Diagnosis 09/22/14; glenohumeral osteoarthritis; AC joint osteoarthritis; rotator cuff tendinitis. [REDACTED] is requesting for 12 Additional Sessions of Physical Therapy, 2 times a week for 6 weeks, for the Bilateral Shoulders. The utilization review determination being challenged is dated 10/01/14. The rationale is: "the patient has completed 14 sessions of physical therapy from 11/26/13 to 09/09/14..." Treatment reports were provided from 03/14/13 to 09/30/14."

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Additional sessions of Physical Therapy, 2 times a week for 6 weeks, for the Bilateral Shoulders: Upheld

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

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

Decision rationale: This patient is status post left shoulder arthroscopy on 08/17/12, and presents with pain and limited range of motion in the bilateral shoulders. The request is for 12 Additional Sessions of Physical Therapy, 2 times a week for 6 weeks, for the Bilateral Shoulders. Patient's diagnosis dated 09/22/14 included glenohumeral osteoarthritis, AC joint osteoarthritis, and rotator cuff tendinitis. MRI scan, dated 04/23/14, has revealed glenohumeral osteoarthritis, AC joint osteoarthritis, and rotator cuff tendinitis in the right shoulder. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Patient is not within post-operative time period. Treater has not documented reason for the request nor indicated why patient could not transition to home exercise program. Furthermore, per UR letter dated 10/01/14, the patient has completed 14 sessions of physical therapy from 11/26/13 to 09/09/14. Additional 12 sessions of physical therapy for bilateral shoulders would exceed what is allowed by MTUS. The request is not medically necessary.