

Case Number:	CM14-0183619		
Date Assigned:	11/10/2014	Date of Injury:	05/03/2012
Decision Date:	12/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine, 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 52-year-old male who has submitted a claim for rotator cuff (capsule) sprain associated with an industrial injury date of May 3, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder numbness and tingling. Examination revealed well-healed incisions, tenderness over the trapezius and periscapular area, positive impingement test on the right, ROM of 160 abduction and forward flexion, 60 external and internal rotation, 40 extension and 30 adduction. Motor strength of the right shoulder was graded 5/5 bilaterally. Reflexes were rated 2+/2+ at the bilateral biceps, triceps, and brachioradialis. Sensation was intact to light touch and pin prick. An x-ray of the right shoulder dated 7/26/13 was normal. An MRI dated 9/18/13 documented a "moderate grade intrasubstance partial-thickness tear of the supraspinatus anterior tendon fibers at the foot print." Treatment to date has included medications, cortisone injection, TENS, work modification and 24 sessions of physical therapy. Additional physical therapy was requested for increased ROM and strengthening of the right shoulder using all modalities. The utilization review from October 3, 2014 denied the request for physical therapy three times a week for six weeks of the right shoulder because the patient had already had 24 authorized visits of physical therapy and that he should already be truly versed with self-directed stretching and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks of the right shoulder: 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: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification, and monitoring from the treating physician regarding progress are paramount. In this case, patient already completed 24 sessions of authorized Physical Therapy (PT). Medical records submitted and reviewed failed to provide evidence of limitation in activities of daily living that would warrant additional treatment sessions. Likewise, patients are expected to continue active therapies at home in order to maintain improvement levels. The patient should be well-versed in a self-directed home exercise program by now. In fact, a progress note dated 9/26/2014 already advises home exercise program. It is unclear what benefit additional sessions of PT will add. Therefore, the request for physical therapy three times a week for six weeks of the right shoulder is not medically necessary.