

Case Number:	CM14-0024173		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2004
Decision Date:	12/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 65 year old male with an injury date on 10/04/2004. Based on the 01/23/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post right shoulder arthroscopic surgery with rotator cuff repair in 09/2005. 2. Left shoulder full thickness rotator cuff tear, status post rotator cuff repair with arthroscopic surgery in November of 2007. 3. Medial meniscal tear of the left knee with underlying chondromalacia. 4. Medial meniscal tear and chondromalacia of the right knee based on MRI studies. 5. Bilateral lower extremity weakness secondary to lumbar disc disease and spinal stenosis. 6. Status post agreed medical evaluation on June 19, 2008 with [REDACTED] with 41% whole person impairment rating and permanent and stationary status. According to this report, the patient complains of lower back and right shoulder pain that radiates to his right hand. The patient has "weakness and difficulty with repetitive activities." His back has stiffness, achiness and discomfort with radicular symptoms into the lower extremities. He feels burning, cramping and numbness in his legs and feet. Exam findings reveal paraspinal muscle tenderness and painful ROM with positive SLR bilaterally. There were no other significant findings noted on this report. The utilization review denied the request for 12 physical therapy sessions for the right shoulder on 02/04/2014 based on the MTUS guidelines. The requesting provider provided treatment report on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 01/23/2014 report, this patient presents with low back and right shoulder pain. The current request is for 12 physical therapy sessions for the right shoulder. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the report shows no documentation of previous physical therapy sessions. A short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. In this case, the treating physician has asked for 12 visits of therapy which exceed what is allowed per MTUS. Recommendation is for denial.