

Case Number:	CM14-0025273		
Date Assigned:	06/11/2014	Date of Injury:	06/30/2012
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59-year-old male with a reported date of injury of 06/30/2012. The injury reportedly occurred when the worker was lifting a customer's bags of cement. The clinical documentation indicated the injured worker underwent chiropractic and physical therapy care. The injured worker underwent left shoulder open bicep tendinosis and acromioplasty debridement of the labrum on 11/09/2012. On physical examination, the injured worker's cervical spine revealed range of motion was full in all planes. In addition, the injured worker's thoracic and lumbar spine revealed normal curvature. The lumbar range of motion revealed flexion to 50 degrees, extension to 10 degrees, and lateral flexion bilaterally to 30 degrees. In addition, the physician indicated there was full range of motion of all joints with the exception of the left shoulder. The left shoulder range of motion revealed abduction to 80 degrees, forward flexion to 120 degrees, and extension to 30 degrees. In the clinical documentation provided for review, indicated that the injured worker attended 6 sessions of physical therapy, the results of which were not provided within the documentation available for review. The left shoulder MRI dated 07/03/2013 revealed severe degeneration of anterior and posterior labrum. The injured worker's diagnosis included left supraspinatus full thickness tear, chronic lumbar strain, lower thoracic and lumbar degenerative joint disease, resolved thoracic strain, left shoulder open bicep tendinosis-acromioplasty and debridement of labrum, and mild lumbar spondylosis. The injured worker's medication regimen included Soma, Ibuprofen, Norco, Diclofenac, and Medrox. The Request for Authorization for 8 additional physical therapy visits for the left shoulder was submitted on 02/27/2014. In the clinical note dated 01/23/2014, the physician indicated that physical therapy sessions had improved lower back range of motion; however, left shoulder pain and limited range of motion persist. The functional goals of physical therapy are to increase range of motion of the left shoulder and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the clinical documentation provided for review, the injured worker has attended approximately 10 or more physical therapy sessions. The documentation related to the therapeutic benefit of previous physical therapy is not included within the documentation available for review. In addition, the guidelines recommend 8 to 10 visits over a 4 week period. The request for an additional 8 physical therapy visits exceeds recommended guidelines. Therefore, the request for 8 additional physical therapy visits for the left shoulder are not medically necessary or appropriate.