

Case Number:	CM14-0027474		
Date Assigned:	03/07/2014	Date of Injury:	10/03/2013
Decision Date:	04/29/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine & Rehabilitation, 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 33-year-old female with date of injury 10/03/2013. Per treating physician's report, the listed diagnoses are lateral coracohumeral ligament tear with biceps instability, partial "PHAL" lesion right shoulder with stable shoulder, partial rotator cuff right shoulder with scap dysfunction, cervical disk herniation with bilateral upper extremity radiculopathy. The treatment plan was to have the patient continue physical therapy 3 times a week for 4 weeks to help minimize her discomfort and continue progress with the range of motion work conditioning. Examination shows that the elevation of 140 degrees, abduction, external rotation is 80 degrees, abduction, internal rotation 30 degrees, and strength is at 4/5 on the right side. Tenderness over the anterior and superior cuff noted. The patient is at modified office work 20 hours per week 5 hours a day. The patient's initial evaluation by orthopedist on 11/05/2013 states the patient initially had physical therapy and "has completed 5 sessions of physical therapy without benefit and worsening symptoms." EMG/NCV studies from 10/24/2013 were normal. MRI of the right shoulder report from 11/15/2013 and this appears to be MR arthrogram, showed complete disruption of the inferior glenohumeral ligament, partial tear of the inferior glenohumeral ligament at its attachment on the humerus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY-SCAP BASED REHAB 3 TIMES 4 WEEKS TO THE RIGHT SHOULDER AND CERVICAL SPINE: Upheld

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

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

Decision rationale: This patient presents with chronic persistent shoulder pain. The treating physician has asked for continued physical therapy 3 times a week for 4 weeks. Review of the reports show that this patient completed 6 sessions of physical therapy without any benefit in fact with worsening symptoms. The treating physician notes on 11/05/2013 that physical therapy actually made her symptoms worse. MTUS Guidelines do not have specific recommendations for ligament tears. For myalgia and myositis type of pain, physical therapy is recommended for 9 to 10 sessions. Given that the request exceeds what is allowed by MTUS Guidelines for this type of condition, and the fact that the patient did not benefit from prior physical therapy, recommendation is for denial.