

Case Number:	CM14-0030494		
Date Assigned:	06/20/2014	Date of Injury:	01/29/2007
Decision Date:	09/10/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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:

This is a 57-year-old female with a 1/29/07 date of injury. The mechanism of injury was an accumulation of her work trauma as a courtroom clerk. A 2/27/14 progress reported that the patient initially experienced bilateral shoulder impingement syndrome. Her subjective complaints were severe pain in the left shoulder. She states that her less severe right shoulder pain had been occurring due to her use of the right arm/shoulder for activities of daily living. Objective data: left shoulder forward flexion 20 degrees with extreme pain, 160 degrees on the right with pain. Rubor noted of the hands bilaterally, mostly the left. Extremities were cool to the touch. Diagnostic impression: Increasing left shoulder pain; recent MRI in 1/14 showed synovitis, possible recurrent infection, and impending shoulder surgery. The patient also has had polymyalgia rheumatica that is unrelated, but it may complicate the prognosis. Treatment to date: left shoulder debridement surgery with resurfacing hemiarthroplasty in 2009, left shoulder revision X2, last on 4/10/13, medication management, physical therapy aquatic therapy, Terocin topical solution, and subacromial injection. A UR decision dated 2/21/14 denied the request for Additional Physical Therapy 2 times a week for 6 weeks (12 sessions) for the shoulders due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks (12 sessions) for the shoulders:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG Guidelines allow for up to 24 PT visits for up to 14 weeks. Until October of 2013, the patient had at least 24 PT sessions. The reports state that she had been progressing but had not met all the goals of treatment. The latest MRI in 1/14 indicated possible infection, and a subsequent ultrasound-guided injection was done; the orthopedic surgeon obtained "brown-colored fluid" at the time. Results of the fluid cytology are not included in the chart. A shoulder CT and bone scan were performed, but the results are also not available. Consequently, based on the records provided, given a possible recurrence of infection and discussion about further surgery with the orthopedic surgeon, there is no medical indication for physical therapy at this time. Therefore, Additional Physical Therapy 2 times a week for 6 weeks (12 sessions) for the shoulders was not medically necessary.