

Case Number:	CM14-0030852		
Date Assigned:	06/20/2014	Date of Injury:	03/09/2011
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 47-year-old female was reportedly injured on 3/9/2011. The mechanism of injury was noted as arm caught on a freezer latch. Most recent progress note dated 2/21/2014, indicated there were ongoing complaints of left shoulder pain. The physical examination of the left shoulder demonstrated no deformity, erythema, soft tissue swelling, joint effusion, ecchymosis or gross atrophy. Positive tenderness to palpation (mild) at the acromion. Range of motion is normal (passive) muscle strength: Abduction normal, flexion slightly decreased, external and internal rotation are normal. Mildly positive Hawkin's and Neer's impingement signs. Mildly positive O'Brien's test. Diagnostic imaging studies include a MRI of the left shoulder performed on 4/27/2012, which reveals a large area of calcific tendinitis involving the distal anterior supraspinatus tendon. No definite evidence for a full thickness rotator cuff tear. No tendon retraction. Mild to moderate changes of degenerative joint disease within the A/C joint. There appears to be a mild mass effect on the myotendinous junction of the supraspinatus. Clinical correlation is recommended to determine impingement. Previous treatment included left shoulder arthroscopy, left shoulder manipulation under anesthesia, physical therapy, intra-articular joint injections and medications to include Cymbalta, gabapentin, hydrocodone, acetaminophen, Baclofen and Meloxicam. A request was made for Physical therapy twelve sessions left shoulder and was not certified in the pre-authorization process on 2/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009,) pages 98, 99 of Page(s): 98,99 of 127. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), shoulder (updated 01/20/14), Physical therapy guidelines, Rotator cuff syndrome/impingement syndrome.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of physical therapy for the management of chronic pain, specifically myalgia and radiculitis. Active therapy is based on the philosophy that therapeutic exercise and/or activity is 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Based on the clinical documentation provided, this patient appears to be having chronic left shoulder pain. Review of the available medical records fails to demonstrate an improvement in pain or function due to continued physical therapy. In the absence of clinical documentation to support functional restoration of therapy, additional visits at this time are not considered to be medically necessary.