

Case Number:	CM14-0032351		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2007
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 54 year old employee with date of injury of 10/03/2007. Medical records indicate the patient is undergoing treatment for industrial injury to the left shoulder, spine and bilateral hands. An MRI of left shoulder on June 17, 2011 reveals partial rotator cuff tear, impingement, AC joint arthrosis, tendinosis and bursitis. An MRI of the cervical spine dated October, 14, 2011 reveals multilevel degenerative disk disease (DDD) and carpal tunnel on left. An MRI of the left shoulder dated January 15, 2013 reveals partial rotator cuff tear, impingement, AC joint arthrosis, impingement, tendinosis and bursitis. Subjective complaints include continued mechanical symptoms and pain despite "conservative treatment". She has numbness and tingling into her left hand. She has difficulty griping, grasping and repetitive activities that involve her left hand. She has pain and discomfort with her left shoulder when involving overhead activities and difficulties with her activities of daily living and sleeping. Objective findings include tenderness over subacromial bursal space and shoulder girdle musculature, a positive Neer and Hawkins impingement sign, forward flexion and abduction of 140 degrees with pain and internal rotation to the SI joint with pain. Her bilateral wrists show positive Tinel and Phalen's testing. Her cervical spine reveals paraspinal muscle tenderness with painful range of motion testing. Treatment has consisted of PT, Bupropion ER, Tizanidine, Pantoprazole and icing, anti-inflammatories, self-directed stretching and strengthening exercises. She was scheduled to have left shoulder diagnostic and operative arthroscopy on 9/6/2013 but was diagnosed with breast cancer. The utilization review determination was rendered on 2/25/2014 recommending non-certification of a Physical Therapy total twelve visits two times a week for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy total twelve visits two times a week for six weeks for the 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 Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, Official Disability Guidelines states patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is in excess of the initial trials per MTUS and Official Disability Guidelines. The utilization reviewer on 2/25/14 modified the request to 2 visits per week for 3 weeks. As such, the request for Physical Therapy total twelve visits two times a week for six weeks for the left shoulder is not medically necessary.