

Case Number:	CM14-0041485		
Date Assigned:	09/10/2014	Date of Injury:	01/17/2008
Decision Date:	10/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 and Rehabilitation 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 55 year-old patient sustained a repetitive overuse stress injury to the shoulders on 1/17/08 from keyboard/ computer work while employed by [REDACTED]. Request(s) under consideration include RQ Aggressive supervised physiotherapy program for 6 weeks QTY: 12. Diagnoses include bilateral shoulder rotator cuff syndromes / sprain; and cervical disc displacement. Ultrasound of shoulders dated 8/22/13 showed supraspinatus tendinosis with normal AC joints, glenoid and bicep tendons bilaterally. Conservative care has included medications, physical therapy, cortisone injections, and modified activities/rest. Report of 2/7/14 from the orthopedic provider noted patient had received and "failed all attempts at aggressive conservative management including physiotherapy." Pain was rated at 5/10. Exam showed shoulders with limited range in bilateral flex/ ext/ abd/ add/ ER/ IR of 135/ 40/ 135/ 40/ 80/ 30 degrees respectively; tenderness at supraspinatus, AC joint, greater tuberosity, subacromial crepitus, no instability; diffuse 4/5 shoulder muscle weakness bilaterally with normal sensation, DTRs, and pulses; positive impingement bilaterally. Diagnoses include chronic rotator cuff tendinosis/ upper extremity continuous trauma/ stress/ strain injuries; bilateral adhesive capsulitis. Treatment noted PT program and "not surgical candidate at this time. She does not require surgery in the future." If symptoms deteriorate, then arthroscopic surgery and MUA may be evaluated. The patient remained on disability status. Report of 8/6/13 from AME noted last evaluation of 12/8/11 where patient was deemed P&S with future medical for "brief course of therapy during acute flare-ups." The request(s) for RQ Aggressive supervised physiotherapy program for 6 weeks QTY: 12 not medically necessary on 3/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ Aggressive Supervised Physiotherapy Program for 6 weeks QTY: 12: 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 Medicine Guidelines Page(s): 98-99.

Decision rationale: This 55 year-old patient sustained a repetitive overuse stress injury to the shoulders on 1/17/08 from keyboard/ computer work while employed by [REDACTED]. Request(s) under consideration include RQ Aggressive supervised physiotherapy program for 6 weeks QTY: 12. Diagnoses include bilateral shoulder rotator cuff syndromes / sprain; and cervical disc displacement. Ultrasound of shoulders dated 8/22/13 showed supraspinatus tendinosis with normal AC joints, glenoid and bicep tendons bilaterally. Conservative care has included medications, physical therapy, cortisone injections, and modified activities/rest. Report of 2/7/14 from the orthopedic provider noted patient had received and "failed all attempts at aggressive conservative management including physiotherapy." Pain was rated at 5/10. Exam showed shoulders with limited range in bilateral flex/ ext/ abd/ add/ ER/ IR of 135/ 40/ 135/ 40/ 80/ 30 degrees respectively; tenderness at supraspinatus, AC joint, greater tuberosity, subacromial crepitus, no instability; diffuse 4/5 shoulder muscle weakness bilaterally with normal sensation, DTRs, and pulses; positive impingement bilaterally. Diagnoses include chronic rotator cuff tendinosis/ upper extremity continuous trauma/ stress/ strain injuries; bilateral adhesive capsulitis. Treatment noted PT program and "not surgical candidate at this time. She does not require surgery in the future." If symptoms deteriorate, then Arthroscopic Surgery and MUA may be evaluated. The patient remained on disability status. Report of 8/6/13 from AME noted last evaluation of 12/8/11 where patient was deemed P&S with future medical for "brief course of therapy during acute flare-ups." The request(s) for RQ Aggressive supervised physiotherapy program for 6 weeks QTY: 12 not medically necessary on 3/26/14. The patient continues to treat for chronic shoulder complaints. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement as noted by provider and consultant to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The RQ Aggressive supervised physiotherapy program for 6 weeks QTY: 12 is not medically necessary and appropriate.