

Case Number:	CM14-0042619		
Date Assigned:	06/30/2014	Date of Injury:	10/18/2007
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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, 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:

The patient is a 73-year-old female with date of injury of 10/18/2007. The listed diagnoses per [REDACTED] dated 03/18/2014 are: Knee internal derangement, knee sprain/strain, shoulder internal derangement, shoulder rotator cuff syndrome, shoulder sprain/strain, lumbar disk displacement with radiculopathy, lumbar radiculopathy, cervical disk displacement, cervical radiculopathy, cervical spine sprain/strain and Insomnia. According to this report, the patient complains of dull and aching pain in both shoulders at a rate of 8/10 without medications and a 7/10 with medication. The pain is aggravated by activity such as overhead reaching, lifting, and it is relieved with rest and medications. The physical examination of the shoulder shows there is tenderness palpable over the bilateral acromioclavicular joints, subacromial region, greater tubercles. There is tenderness and myospasm palpable over the bilateral rotator cuff muscles. The impingement and supraspinatus tests are both positive in the shoulders bilaterally. There is decreased shoulder range of motion in all planes bilaterally due to end range shoulder pain. The Utilization Review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Bilateral Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: This patient presents with chronic shoulder pain. The treater is requesting physical therapy for the bilateral shoulders. According to the UR letter, the patient's request is for 8 physical therapy for the bilateral shoulders. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 417 pages of records do not show any recent physical therapy reports to verify how many treatments were received and with what results were accomplished. The UR denied the request stating based on the lack of objective clinical improvement with PT or other treatments from this 6+-year-old injury, it is very unlikely that she would have any significant or sustained benefit from PT at this time. In this case, the patient continues to report pain and decreased range of motion and has received some therapy in the past. A short course of therapy is reasonable to improve ROM and strength. Medical necessity is not medically necessary.