

Case Number:	CM14-0045008		
Date Assigned:	07/11/2014	Date of Injury:	07/13/2013
Decision Date:	12/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 Internal 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 57 year old female sustained an industrial related injury on 07/13/2013 while pushing something heavy. The results of the injury included an initial diagnosis of right upper extremity strain. The clinical notes indicate that the injured worker was initially treated by her private medical doctor, and that x-rays and nerve conduction studies were completed. It was also reported that the injured worker had received physical therapy. However, none of these records were found in the documentation reviewed. An evaluation was completed on 12/19/2013 and subjective complaints included right shoulder and elbow pain that radiated down to her fingertips. Objective findings included shoulder pain with abduction and external rotation in a thumb down position, and marked tenderness on the lateral epicondyle with full flexion and extension with radiculopathic pain. Testing included the Tinel and Phalen tests which were both positive in the right wrist. The injured worker was diagnosed with right rotator cuff tear, right common extensor tendon injury, and right carpal tunnel syndrome. Upon exam on 02/10/2014, the injured worker's right shoulder was described as having decreased passive range of motion (ROM), limited rotational motion and mildly limited abduction and forward flexion, diminished rotator cuff power, and positive signs of impingement, relocation and apprehension signs. However, there were no specific parameters documented. Diagnostic testing has included an x-ray of the right shoulder which was reported to have shown a subacromial calcific deposit and a subacromial spur. A MRI of the right shoulder was provided revealed a superior labral anterior posterior (SLAP) tear, strain or tendonitis of the right supraspinatus tendon, a severely laterally down-sloping orientation of the right acromion, and mild edema in the right inferior glenohumeral joint capsule. Current diagnoses included pain in joint involving the right shoulder region, SLAP tear, and adhesive capsulitis of shoulder. The request for authorization was not submitted and the specific reason for the physical therapy was not noted. Treatments in place

around the time the physical therapy was requested included ibuprofen. There was limited information provided for review and no information was provided that described changes in the injured worker's pain, functional limits, activities of daily living, or dependency on medical care. Work status was not reported. On 03/25/2014, Utilization Review non-certified a prescription for physical therapy for the right shoulder which was requested on 03/24/2014. The physical therapy for the right shoulder was non-certified based on missing data which included active and passive ROM, atrophy, and neuro exam as required by the ACOEM. The ACOEM guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). The guidelines provide frequency and duration of physical therapy (See ODG). In this case, there is a progress note from the primary care physician dated February 10, 2014. The working diagnoses are painting joint involving shoulder region; SLAP tear; and adhesive capsulitis of shoulder there was no physical therapy to date. An additional progress note is dated December 19 2013. The assessment is right rotator cuff tear; right common extensor tendon injury; and right carpal tunnel syndrome. The plan was to obtain copies of records, MRI right shoulder and right elbow, and orthopedic consult. There is no discussion of physical therapy in any of these progress notes. There is no clinical indication for physical therapy, there is no discussion of physical therapy, and there is no clinical rationale for physical therapy at this time. Consequently, physical therapy absent the appropriate documentation, is not clinically indicated at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy right shoulder is not medically necessary.