

Case Number:	CM14-0045138		
Date Assigned:	07/02/2014	Date of Injury:	12/30/2010
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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:

The patient is a 63-year-old male, who has submitted a claim for left shoulder adhesive capsulitis, left rotator cuff tendinosis, partial tear; sub-acromial sub-deltoid bursitis associated with an industrial injury date of December 30, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder and left elbow pain. Physical examination of the left shoulder showed tenderness. ROM (Range of Motion) of the left shoulder is decreased; ROM of the left elbow is decreased with tenderness. An MRI of the left shoulder done on May 1, 2013 showed evidence of degenerative joint disease of the AC joint; highly suspicious for partial tear of the supraspinatus tendon and cuff tendinosis, MRI of the left shoulder done on May 12, 2014 showed tendinosis of the supraspinatus and infraspinatus tendons without evidence of frank rotator cuff tear; acromioclavicular joint degenerative disease and diffuse muscle atrophy. MRI of the left elbow done on April 12, 2014 showed tendinosis/partial tear of the common extensor tendon. MRI of the lumbar spine done May 10, 2013 showed multi-level degenerative changes of the lumbar spine slightly more conspicuous at L4-L5 and L5-S1 with facet hypertrophy causing minimal bilateral neural foraminal narrowing; Anterior osteophytosis of the lower thoracic spine due to degenerative changes. Treatment to date has included medications, physical therapy, home exercise program, shockwave therapy and corticosteroid injections. Utilization review from March 19, 2014 denied the request for physical therapy of the left shoulder 1-2 x 6 because functional goals were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the left shoulder 1-2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter, page 114.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guideline, it supports an initial course of physical therapy with objective functional deficits and functional goals. It also stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. In this case, documents reviewed showed that the patient was on physical therapy since May 2013. Likewise, the patient was already on home exercise program, which indicates that the patient can perform self-directed home exercise program. In addition, records reviewed did not show functional improvement nor improvement in activities of daily living. Therefore, the request for Physical Therapy of the left shoulder 1-2 x 6 is not medically necessary.