

Case Number:	CM14-0046514		
Date Assigned:	07/11/2014	Date of Injury:	12/21/2001
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
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 Physical Medicine and Rehabilitation and Pain Management, 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:

This patient is a 56-year-old female with date of injury of 12/21/2001. Per treating physician's report 02/28/2014, the patient presents with diagnosis of bilateral shoulder impingement syndrome. The request is for physical therapy 2 times a week for 3 months and to have the patient continue the medications. Presenting symptoms are bilateral shoulder pain, left side greater than right side, with swelling of the upper trapezius muscle. The patient is also complaining of left hand pain. Medications are helpful. The treating physician's reports are handwritten and difficult to read. There is a report of shoulder MRI on 03/19/2014 that shows mild degenerative changes of the left AC joint, slight tendinosis of the distal left supraspinatus tendon, mild proximal biceps tenosynovitis. An EMG report from 12/23/2013 showed diabetic polyneuropathy but no physiologic evidence of right or left carpal tunnel syndrome, ulnar neuropathy, or other neuropathies. A 01/27/2014 report by the treating physician is also reviewed and this report is also handwritten. The patient complains of shoulder pain, left greater than right with swelling. The diagnoses are impingement syndrome and carpal tunnel syndrome. The patient was to continue medications and compound creams. Repeat autologous stem cell injection to the left shoulder to repair tendon damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy sessions at two sessions per week for three months tot eh left shoulder as outpatient: Upheld

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

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

Decision rationale: The patient presents with chronic shoulder pains on both sides. An MRI of the left shoulder showed tendinosis of the rotator cuff. An EMG/NCV studies of upper extremities were normal. The request is for physical therapy 24 sessions over 3 months. Review of the reports did not show that the patient has recently had physical therapy. There are no therapy reports provided and there are no reports that referenced physical therapy history. Review of qualified medical evaluation report from 12/24/2013 shows, however, that the patient has had extensive treatments including carpal tunnel release surgery, right shoulder arthroscopic surgery in 2005 with left shoulder pain developed in 2011. This report did not discuss the patient's therapy treatment history. The MTUS Guidelines recommend 9 to 10 sessions of physical therapy for myositis, myalgia type of condition that this patient suffers from. The current request does not explain why this patient requires such extended course of physical therapy. The treating physician does not discuss the patient's treatment history to understand how effective physical therapy treatments had been in the past. There is no discussion regarding patient's home exercise program and why the patient is not able to do the necessary exercises at home to manage pain and function. Finally, the MTUS Guidelines only recommend 9 to 10 sessions of therapy for this type of condition and the current request for 20 sessions exceeds that. Recommendation is for denial.