

Case Number:	CM14-0047306		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2013
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old female with a date of injury of 8/23/13. The mechanism of injury occurred when she lifted a child weighing approximately 35 pounds and felt immediate pain in the bilateral shoulders. On 4/1/14 she continued to complain of pain in the bilateral shoulders, and neck pain and headaches. She had completed 7/16 physical therapy (PT) sessions, and stated that the exercise is difficult and painful but it is helping her ROM slightly. On exam there was restricted range of motion and pain with active motion to the bilateral shoulders. The diagnostic impression is left and right shoulder rotator cuff tear/impingement. Treatment to date includes physical therapy and medication management. A UR decision dated 4/7/14 denied the request for physical therapy. The reports submitted for review showed bilateral shoulder pain and impaired function that continues 7 months post injury. There was 8/16 completed sessions of physical therapy that was reported to have resulted in a slight increase in ROM. There was no documentation of completion of the 16 sessions that were previously authorized with significant residual functional deficits that cannot be addressed in a self-directed home exercise program. There was no documentation of the total number of physical therapy visits completed to date, or a statement of exceptional factors explaining the medical necessity for exceeding the guideline recommendations limiting treatment to 10 sessions with transition to a self-directed home exercise program to address residual functional deficits. Therefore, the request for physical therapy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114, and Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: California MTUS 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 state to allow for fading of treatment frequency. Official Disability Guidelines state for rotator cuff syndrome/impingement syndrome is 10 visits over 8 weeks. However, the UR report stated that she has recently completed 8/16 sessions of physical therapy, and she has remained symptomatic and functionally impaired. On 4/1/14, a note stated she had completed 7/16 physical therapy sessions. Guidelines recommend 10 visits over 8 weeks, and with the 7-8 sessions completed to date, the request for 8 additional sessions would total to 15-16 sessions of physical therapy, which would exceed guideline recommendation. In addition, it is unclear exactly how many physical therapy sessions to date were actually completed. Therefore, the request for physical therapy 2 times a week for 4 weeks for the bilateral shoulders is not medically necessary.