

Case Number:	CM14-0048721		
Date Assigned:	06/25/2014	Date of Injury:	03/13/2003
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 60 year old female who was injured on 03/13/2003. The mechanism of injury is unknown. Prior medication history included Oxycontin, Amitriptyline, Albuterol, Calcium, Synthroid, and Oxycodone HCL. An office visit dated 02/06/2014 states the patient complained of shoulder pain that was aching and stabbing in nature. She was directed to continue to take Norco and Oxycontin. On examination of the right shoulder, apprehension test was positive and there was tenderness to palpation in the glenohumeral joint and right trapezius. She was also tender over the acromion process. Her orthopedic tests were negative. She was diagnosed with muscle spasm, cervicalgia, and cervicobrachial syndrome. It was recommended that she return for a follow up and begin physical therapy to help improve her right shoulder. It was noted that she demonstrated adequate pain control and ability to function while performing household and hygienic activities of daily living with quality of life on Oxycontin CR 40 mg bid #60. Her symptoms were unchanged on note dated 01/09/2014. She rated her pain as 4-5/10 with medications and without medications an 8/10. She was encouraged with a home exercise program and signed an opiate agreement form. There were no measurable objective findings noted. Prior utilization review dated 03/11/2014 states the request for 8 sessions of physical therapy to the right shoulder has been partially certified for physical therapy once a week for 3 weeks for instruction on exercises and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 sessions right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder and Physical Therapy Guidelines- Rotator cuff syndrome/ impingement syndrome updated 1/20/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: This request is for 8 sessions of Physical Therapy for 60 year old female who sustained a right shoulder injury on 03/13/2003. She has right shoulder chronic pain and decreased range of motion. MTUS guidelines recommend up to 10 visits of physical therapy over 8 weeks for acute exacerbations of chronic pain. However, the records do not establish an acute exacerbation or interval injury. The response to past physical therapy is not documented. The patient is requesting physical therapy to learn right shoulder exercises which the provider feels may improve her decreased range of motion. Prior Utilization Review recommended 3 visits, which is a reasonable amount to address exercise instruction. Medical necessity for 8 visits is not established.