

Case Number:	CM14-0058595		
Date Assigned:	07/09/2014	Date of Injury:	12/28/2010
Decision Date:	08/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 30 year old female with a work injury dated 12/28/10. The most recent diagnosis includes biceps tendinitis and impingement syndrome. The patient is status post right shoulder arthroscopy with subacromial decompression and distal clavicle excision in November 2012. Under consideration is a request for a Trial of physical therapy for right shoulder for 6 visits as outpatient. There is a 12/28/13 document that states that physical therapy will be put on hold because the patient is in so much pain in -the right shoulder that she would not be able to perform any physical therapy. A 3/17/14 physician office visit document states that the patient presents for right shoulder follow up. She feels improvement in the right shoulder. She has had a decrease in pain. Pain is more prominent with repetitive activities. On exam there is tenderness around the coracoid process. There is a positive biceps sign. The range of motion is normal. There is no atrophy. A 3/31/14 orthopedic follow up states that the patient is unchanged. On exam There is a positive apprehension test, Neer test, Hawkins, Yergason, Speed test and sulcus sign. There is tenderness over the lateral deltoid and biceps tendon. The plan includes a PT request. A 5/9/14 orthopedic follow up visit document states that physical therapy is pending and that the patient completed 12 visits PT in April of 2013. The patient complains of right shoulder pain radiating down to her wrist with numbness. She has a positive Finkelstein's sign as well as +Tinel's sign. The diagnosis was right biceps tendinitis, right wrist sprain, and right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of physical therapy for right shoulder for 6 visits as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Subacute Delayed Recovery Page(s): 98-99, 6.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: Trial of physical therapy for right shoulder for 6 visits as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines indicate that the patient has had at least 12 visits of shoulder physical therapy one year ago. Recent documentation does not indicate muscle weakness or major shoulder range of motion limitations. The guidelines recommend independence in a home exercise program. The patient should be versed in a home exercise program. The documentation indicates the patient continues to have shoulder symptoms with provocative shoulder testing but additionally numbness in the extremity and wrist pain. The guidelines state that when the physician recognizes that the problem is persisting beyond the anticipated time of tissue healing, the working diagnosis and treatment plan should be reconsidered. The request for a trial of physical therapy for the right shoulder for 6 visits outpatient is not medically necessary.