MAXIMUS Federal Services

Case Number:	CM14-0073467		
Date Assigned:	07/16/2014	Date of Injury:	12/22/2005
Decision Date:	09/17/2014	UR Denial Date:	04/27/2014
Priority:	Standard	Application Received:	05/20/2014

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 is licensed to practice in Texas. 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 50-year-old female who sustained an industrial injury on 12/22/2005. The primary diagnosis is left shoulder rotator cuff syndrome. According to the PTP PR-2 dated 11/21/2013, examination of the left shoulder revealed 150 degrees flexion and abduction, 40 degrees extension and adduction, positive Neer's and Hawkin's, painful arc over 135 degrees, AC joint tenderness, 4/5 strength, healed portals, and neurovascular intact. According to PTP PR-2 dated 1/30/2014, the patient continues complaint of pain with limited ROM of left shoulder which is unchanged from previous visit. She continues ibuprofen which helps alleviate pain. Objectively, the left shoulder reveals no erythema or edema, anterior subacromial tenderness, ROM limited with 60 degrees abduction and forward flexion, Hawkin's and isolation tests negative on the left, and strength 4/5 in left abduction and forward flexion. Diagnosis is left shoulder rotator cuff syndrome, status post-operative arthroscopy. Reportedly, 12/13/2013 left shoulder MRI was significant for post-surgical changes with mild subacromial bursitis. Authorization is requested for 2x6 PT for the left shoulder and Kera-tek gel. Ibuprofen 800 mg #60 and Kera-tek gel were prescribed. Modified work status is continued. According to the PTP PR-2 dated 3/7/2014, the patient presents for follow-up regarding pain in the lumbar spine and left shoulder. She has been taking Motrin. Physical examination of the shoulders reveal limited ROM with flexion at 150 degrees on the right, 160 degrees on the left, 40 degrees extension bilaterally, 160 degrees abduction bilaterally, 40 degrees adduction on the right, 60 degrees internal rotation on the right and 70 degrees on the left, and 60 degrees external rotation bilaterally. Neer's and Hawkin's impingement tests were positive and Arm drop test positive on the right. Diagnosis: chronic lumbosacral strain with history of disc herniation, worsening; left shoulder rotator cuff syndrome, status post-operative arthroscopy with worsening pain and loss

of function. Request is authorized for physical therapy for the lumbar spine and bilateral shoulders. Work status continues working with restrictions, if accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x6 weeks left shoulder: Upheld

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

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

Decision rationale: According to the CA MTUS, Physical Medicine Guidelines, Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.The clinical information provided for review fails to meet the evidence based guidelines for the requested services. The patient underwent left shoulder arthroscopy, date of surgery is not provided. A December 2013 MRI of the left shoulder revealed post-surgical changes and mild subacromial bursitis. Given the apparent remote date of shoulder surgery, it is reasonable that the patient has already completed the recommended amount of post-surgical PT following left shoulder arthroscopy. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no mention of utilization of a self-directed home exercise program as would be recommended and supported by the guidelines. In the absence of clear evidence of a significant exacerbation, flare-up or re-injury to the left shoulder with loss of function unresponsive to self-care measures, the Physical Therapy 2 x weeks x6 weeks left shoulder is not medically necessary.