

Case Number:	CM14-0078316		
Date Assigned:	07/18/2014	Date of Injury:	03/10/2013
Decision Date:	10/15/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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:

This patient is a 54 year old female employee with date of injury of 3/10/2013. A review of the medical records indicates that the patient is undergoing treatment for complete rotator cuff tear, subacromial impingement syndrome, A/C degenerative joint disease, and pain in joint-shoulder. The subjective complaints include very sore shoulder, pain rated 7-8/10 on 1/2/2014; "shoulder has been less painful over last several days" (1/6/2014); shoulder "doing better" (3/3/2014); "shoulder is doing well, much less painful" (3/20/2014); decreased night pain (4/28/2014). The objective findings include right shoulder flexion 155 following manual therapy, external rotation 60 following manual therapy (1/9/2014). A physical exam on 3/14/2014 revealed no deformity or erythema, no tenderness to palpation or crepitance, slightly decreased internal and external rotation, abduction strength 4/5, flexion strength 4/5, external rotation strength 5/5 internal rotation strength 5/5, Neer's impingement sign mildly positive, and Hawkin's impingement sign mildly positive active compression test mildly positive. The treatment has included 36 sessions of physical therapy beginning in November 2013 and going through April 2014 and home exercises begun before Jan 2014. Past surgeries include Arthroscopy on the AC joint in 2013 and Rotator cuff repair in 2013 Medications have included Norco 10/325 mg, RF Lidoderm, diazepam, and Naproxen. The utilization review dated 5/15/2014 non-certified the request for physical therapy 2x8 for the right shoulder because medical reports do not document why home exercise would not be sufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x8- Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, the ODG states "Patients should be formally assessed after a 'six-visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The MTUS additionally clarifies: "Rotator cuff syndrome/Impingement syndrome: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks; Postsurgical physical medicine treatment period: 6 months." The patient has completed 36 sessions of physical therapy, which ended around April 2014. The treating physician does not specify why additional physical therapy in excess of the MTUS guidelines is warranted. The medical records do not support additional physical therapy in addition to what has already been completed. As such, the request for physical therapy 2x8 for the right Shoulder is not medically necessary.